



GOVERNMENT OF KERALA

DIRECTORATE OF AYURVEDA MEDICAL EDUCATION
APPLICATION FOR ADMISSION TO THE CERTIFICATE COURSE IN
AYURVEDA PHARMACY (2018-2019)

(Read the prospectus and instructions carefully before filling the application form)

Name of applicant in full	In Block letters					
	In Mother tongue					
Details of application fee remitted (Attach receipt with						
Name of Institution from which application is purchased	Amount paid	Receipt No. And Date.			Affix passport size photograph Duly attested by a Gazetted Officer	
			(Name and Designation of the Attesting Officer with office seal)			
Age and Date Birth of the applicant (age as on 01/05/2018)						
Sex (Write Male or Female)						
Native district of the applicant						
No. of chances taken for pass the qualifying examination (1/2/3/4)						
Height of the applicant (in Centimetres)						
Weight of the applicant (in Kgms.)						
Additional Qualifications, if any (Attach attested copies of Certificates from Pre- Degree/Plus Two onwards)						
Total Marks/Grade Secured in S.S.L.C Examination						
Whether studied Sanskrit if yes, Give details (See Clause I of the Prospectus)						
Details of marks/Grade Secured in S.S.L.C Examination (Enter subjects as in the mark list/Certificate). (Candidates who have passed the S.S.L.C. Examination before the introduction of Grading system should convert their marks into Grade as per Clause I of the Prospectus)						
SI No	Name of subject	Marks		% of marks secured	Grade secured	Grade Point value
		Maximum	secured			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Are you eligible for reservation of seats ? (Answer Yes or No)	
If the answer is Yes, specify the category as specified in the notification and the certificate issued by the Revenue Officer.	
Annual family income of the applicant (Fill up as certified by the Revenue Officer) Applicable to candidates seeking admission against reserved seats)	
Are you a department candidate (Answer Yes or No)	
If the answer is Yes, state whether the certificate from the appointing authority is obtained in the application form (Answer Yes or No)	
Are you Physically Handicapped (Answer Yes or No)	
Address of the applicant to which communications should be sent with Pin Code (In Block Capitals)	
Permanent address of the applicant (In Block Capitals) with Phone No.	
Name, address and occupation of parent or guardian	
Relationship of the applicant with the parent or guardian	
Name, address and occupation of local guardian, if any	

DECLARATION

I, hereby declare that the information furnished above are true and the copies of certificates enclosed are true copies of original certificates kept by me.

Signature of applicant

Place:

Date:

Signature of Parent or guardian

List of enclosures: 1.

- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

No.

Officer of the

Place:

Date:

CERTIFICATE

Certified that Sri/Smt.

Son/daughter of Sri/Smt.

.....

(Address with Village, Taluk and District) is a permanent resident ofdistrict

And a Native of Kerala.

2. Certified that Sri/Smt.

Belongs(Religion).....(Community) to

Which is included in the list of O.B.H/O.B X'ian/Latin Catholic other than Anglo Indian/ Scheduled Caste/Scheduled Tribe (Strike out the portion not applicable).

3. The annual family income of Sri/Smt.

is estimated to be Rs.....(Rupees.....)

from all sources.

Dated Signature with Name
and Designation

(Office Seal)

Note:- 1. This certificate must be signed by a Revenue Officer not below the rank of a Tahsildar

2. Para 2 and 3 are not necessary for forward communities.

3. Para 3 is not necessary for SC/ST.

No. Officer of the
Place:
Date:

CERTIFICATE

Certified that Sri/ Smt.....
(Name and designation) entered in service on and has completed.....
Years andmonths of service as on
(1st January of the year of Notification). He / She is a permanent/Officiating/Provisional full-time employee
of the department ofThe department holds no objection in relieving
him/her if he/she is selected for the training course of Therapist.

Also certified that He/She has.....No of years.....No of months left for his/her retirement as
on.....

Dated Signature with Name
and Designation

(Office seal)

(Applicable in the case of department candidate)

This certificate must be sign by the appointing authority

(For Office Use)

