



ISO 9001-2015 CERTIFIED  
Chhatrapati Shahu Maharaj Shikshan Sanstha's  
**AYURVED MAHAVIDYALAYA & RUGNALAYA**

KANCHANWADI, PAITHAN ROAD, AURANGABAD-431011. (M.S.)  
Tel: (0240) 0240-2646464, 201,202, Fax: (0240) 2646222.  
Email: principal@csmsayurved.com, principalcsmsayu@gmail.com  
(Recognized by Central Council of Indian Medicine, New Delhi &  
Affiliated to Maharashtra University of Health Sciences, Nashik.)

**APPLICATION FORM FOR ADMISSION -MD/MS**

- Note -**
1. This form applicable for 2<sup>nd</sup> & 3<sup>rd</sup> year admission
  2. Student must be ascertain beforehand that they are eligible for admission to the course for which they are applying.
  3. Admission will be cancelled if the candidate is found ineligible under the provision of ordinance and rules/regulation governing the course.
  4. Fill the form online and submit with attached attested photocopy of mark sheet and no dues form

PHOTO

ADMISSION FOR ACADEMIC YEAR OF MD/MS	<input type="text"/>	ADMISSION YEAR	<input type="text"/>
GRN NO.	<input type="text"/>	SUBJECT	<input type="text"/>
NAME OF CANDIDATE	<input type="text"/>		
CORRESPONDENCE ADDRESS	<input type="text"/>		
PERMANANT ADDRESS	<input type="text"/>		
CANDIDATES PH. NO	<input type="text"/>	PARENTS PH. NO	<input type="text"/>
CANDIDATES EMAIL	<input type="text"/>	CAST	<input type="text"/>
		CATEGORY	<input type="text"/>
LAST EXAMINATION DETAILS			
CLASS YEAR	I MD/MS	YEAR OF EXAM	<input type="text"/>
		SESSION	<input type="text"/>
SEAT NO.	<input type="text"/>	RESULT	<input type="text"/>
		IF ATKT NAME OF SUBJECTS	<input type="text"/>

**DECLARATION BY STUDENT & PARENT/GUARDIAN**

1. I hereby declare that the above information is true and complete to best of my knowledge. I am aware that if any information here is found to be incorrect or incomplete, my application will be rejected or admission will be cancelled.
2. I shall abide by its rules and regulations.
3. I have read & understand all the provision contained in the prospects & here by agree to abide by these provision.
4. I will fulfill my attendance and follow rules of antiraging. If found guilty then applicable for punishment.
5. I am aware of the financial obligation of admitting my child to CSMSS Ayurved Mahavidyalaya & Hospital. I agree to pay the tuition & other fee payable to the institute as fixed form time to time as per rule of institute. I also affirm & endorse the declaration made above by my child.

Date/Time  Students Signature \_\_\_\_\_ Parents / Guardian Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

FEES RECEIPT NO.  DATE OF ADMISSION  FEES PAID AMOUNT RS.

ACADEMIC CLERK

O.S.

PARENT TEACHER

ACADEMIC INCHARE

PRINCIPAL