



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 -BAMS**

- Note -**
1. This form applicable for 2<sup>nd</sup> 3<sup>rd</sup> and 4<sup>th</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 BAMS

ADMISSION YEAR

GRN NO.

SUBJECT

NAME OF CANDIDATE

CORRESPONDENCE ADDRESS

PERMANANT ADDRESS

CANDIDATES PH. NO.

PARENTS PH. NO.

CANDIDATES EMAIL

CAST

CATEGORY

LAST EXAMINATION DETAILS

CLASS YEAR

I BAMS

YEAR OF EXAM

SESSION

SEAT NO.

RESULT

IF ATKT NAME OF SUBJECTS

**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