



Late Kedari Redekar Shikshan Sanstha's Gadhinglaj  
**Late Kedari Redekar Ayurvedic Mahavidyalaya,  
Post Graduate Training & Research Centre, Gadhinglaj.**

P -2, M.I.D.C. Area, Gadhinglaj, Dist Kolhapur (Maharashtra) – 416 502

Ph. No. (02327) 224988 Fax : (02327) 224401, 224988

Email : bamsgad@gmail.com/ Web Site :- www.kedariredekarinstitutes.com

Recognized by **CCIM**, New Delhi, Govt. of India (AYUSH Dept) New Delhi. Govt. of Maharashtra & Affiliated to MUHS, Nashik)

PRESIDENT

**Smt. Anjana Kedari Redekar**

Mob. 9923234555

SECRETARY

**Prof. Sunil Shintre**

Mob. 9923231555.

PRINCIPAL

**Dr. V. G. Kanthi**

Mob. 9404959685

**Application for admission to Ayurveda M.D./M.S. for the Year 2017 -2018**

To,  
The Principal,  
Late Kedari Redekar Ayurvedic Mahavidyalaya,  
Post Graduate Training & Research Centre,  
Gadhinglaj.

Passport  
Size  
Photo

Respected Sir/Madam,

I want to seek admission to preliminary M.D./M.S. in \_\_\_\_\_ subject and furnish herewith following information.

I hereby agree to confirm to the rules and regulations including anti-ragging rules. At present in force of that may be hereafter made for the governance of the college and its attached Hospital. I undertaken that so long as I am a student of this college. I will follow discipline of College & Hospital in campus & outside also.

1. Full Name (Beginning with surname in capital letters) : \_\_\_\_\_

Devnagari (Marathi) : \_\_\_\_\_

If Name Change(After Marriage): \_\_\_\_\_

2. Permanent Address : \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

3. Contact No. : (Mob.) \_\_\_\_\_ (R) \_\_\_\_\_

4. E-mail Id : \_\_\_\_\_

5. Aadhar No. : \_\_\_\_\_

6. Open / Reserve category (Give details): Open  / Reserve

[Caste:- \_\_\_\_\_, Sub Caste:- \_\_\_\_\_]

If Reserve Category =

1) Caste Cert. No. \_\_\_\_\_ Date : \_\_\_\_\_

2) Validity Cert. No. \_\_\_\_\_ Date : \_\_\_\_\_

7. Name of the PG NEET CET : \_\_\_\_\_

[Neet Marks : \_\_\_\_\_, Neet SML/Merit No.: \_\_\_\_\_, Neet Percentage: \_\_\_\_\_]

8. Full Name of Father/Parent : \_\_\_\_\_

9. Father/ Parent - Profession: \_\_\_\_\_ (Mob.) \_\_\_\_\_

10. Mother Full Name : \_\_\_\_\_ Mother Tongue : \_\_\_\_\_

11. Nationality : \_\_\_\_\_, Domicile State : \_\_\_\_\_  
 12. Date of Birth (as per school records): \_\_\_\_\_ 17. Place of Birth: \_\_\_\_\_  
 13. Age : \_\_\_\_\_, Sex : \_\_\_\_\_, Married /Unmarried : \_\_\_\_\_, Blood Group : \_\_\_\_\_  
 14. Name of Last College Attend : \_\_\_\_\_  
 : \_\_\_\_\_  
 15. Month & Year of Passing : \_\_\_\_\_  
 16. Internship Completion Date : \_\_\_\_\_ To \_\_\_\_\_  
 17. University from which passed: \_\_\_\_\_  
 18. MCIM/CCIM Registration No : \_\_\_\_\_ Date: \_\_\_\_\_  
 19. Total Marks= First BAMS : Marks \_\_\_\_\_ Out of \_\_\_\_\_ Percentage \_\_\_\_\_  
 Second BAMS : Marks \_\_\_\_\_ Out of \_\_\_\_\_ Percentage \_\_\_\_\_  
 Third BAMS : Marks \_\_\_\_\_ Out of \_\_\_\_\_ Percentage \_\_\_\_\_  
 Final BAMS : Marks \_\_\_\_\_ Out of \_\_\_\_\_ Percentage \_\_\_\_\_  
 [Grand Total : Marks \_\_\_\_\_ Out of \_\_\_\_\_ Percentage \_\_\_\_\_]  
 20. Additional Qualification : \_\_\_\_\_

Admit me provisionally for \_\_\_\_\_  
 \_\_\_\_\_ (Subject) at my own risk for the academic year 2017-2018 subject to  
 the final approval of Maharashtra University of Health Sciences, Nashik.

Sincerely Yours,

Date :- \_\_\_\_\_

Place :- Gadhinglaj

\_\_\_\_\_  
 (Name of the Student & Sign)

**Original Document List =**

1	Nationality Certificate/ Domicile Cert.		13	Gap Certificate (if Applicable)	
2	Download AIA-PGET 2017 Mark sheet		14	Migration Cert. (if Applicable)	
3	Passing Certificate		15	10 <sup>th</sup> Board Certificate	
4	Degree Certificate		16	12 <sup>th</sup> Mark Sheet	
5	Internship Completion Certificate		17	First Year BAMS Mark Sheet	
6	Registration Cert.- MCIM or Other State		18	Second Year BAMS Mark Sheet	
7	Cast Certificate (if Applicable)		19	Final Year BAMS Mark Sheet	
8	Cast Validity Certi. (if Applicable)		20	Gazette – For change of name	
9	Non Creamy Layer Certi. (if Applicable)		21	Aadhar Card Xerox	
10	Leaving Cert./Transfer Certificate		22	Income Certificate (if Applicable)	
11	Medical Fitness Certificate		23	Photo – 8 (Passport Size)	
12	Haemogram Report		24	Affidavit	
			<b>Total =</b>		

**DECISION OF THE PRINCIPAL**

Admission for M.D./M.S.(Ayurved) of First (Preliminary) year is granted /not granted  
 in the Subject of \_\_\_\_\_ .

Date :

seal

Signature of the Principal