



**Late Kedari Redekar Shikshan Sanstha's.**

**Late Kedari Redekar Ayurvedic Mahavidyalaya,  
Post Graduate Training & Research Center , Gadhinglaj.**

P-2, M.I.D.C. Area, Shendri Mal, Gadhinglaj, Dist Kolhapur. Pin – 416 502

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Recognized by Central Council of Indian Medicine, New Delhi, Govt. of Maharashtra & Affiliated to Maharashtra University of Health Science, Nashik, Govt. of India (AYUSH Department) New Delhi.

SECRETARY

**Prof. Sunil Shintre**

Mob. 9923231555.

PRESIDENT

**Smt. Anjana Kedari Redekar**

Mob. 9923234555, 9224123999

PRINCIPAL

**Dr. Kanthi Veena Gulappa**

Mob. 9243217112

**Application for admission to Ayurveda Vachaspati M.D. / M.S. (Ayu) for the Year 20 -20**

To,  
The Principal,  
L.K.R.A.M.C.,  
Post Graduate Training & Research Center,  
Gadhinglaj.

Photo

Respected Sir/Madam,

I want to seek admission to preliminary MD/MS in \_\_\_\_\_  
\_\_\_\_\_ department 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, and I undertake that so long as I am a student of this college. I will do nothing either inside or outside the college and hospital that will interfere with their orderly governance and discipline.

1. Full Name : \_\_\_\_\_

(Beginning with surname in capital letters) \_\_\_\_\_

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

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

3. Contact No. : \_\_\_\_\_

4. Temporary Address : \_\_\_\_\_

\_\_\_\_\_ Contact No. \_\_\_\_\_

5. Name of Last College Attend :- \_\_\_\_\_

6. Month & Year of Passing : \_\_\_\_\_

7. Internship CompletionDate :- \_\_\_\_\_ To \_\_\_\_\_
8. University from which passed : \_\_\_\_\_
9. University Seat / Reg. No. : \_\_\_\_\_
10. Total Marks obtained in :- \_\_\_\_\_ Out of \_\_\_\_\_  
Final Examination & Percentage
11. Additional Qualification : \_\_\_\_\_
12. Date of Birth : \_\_\_\_\_ 13. Place of Birth: \_\_\_\_\_  
(as per school records)
14. Age:- \_\_\_\_\_ 15. Sex - \_\_\_\_\_ 16. Married/Unmarried: \_\_\_\_\_
17. Mother Name: \_\_\_\_\_ 18. Mother Tongue :- \_\_\_\_\_
19. Religion / Caste / Sub Caste \_\_\_\_\_, 20. Blood Group :- \_\_\_\_\_
21. Do you belong to SC:- \_\_\_\_\_ 22. Annual income from all sources :- \_\_\_\_\_
23. CET Marks :- \_\_\_\_\_ 24. CET Merit No. \_\_\_\_\_ 25. CET Percentage : \_\_\_\_\_

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

Sincerely Yours,

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

Place :- \_\_\_\_\_

(Name of the Student & Sign)

- |  |                                  |                                      |
|--|----------------------------------|--------------------------------------|
| 1) Nationality Cert./ Domicile Cert.                   | 2) 10 <sup>th</sup> Board Cert.  | 3) 12 <sup>th</sup> Mark list        |
| 4) Asso. PGA CET- Mark sheet                           | 5) First Year BAMS Mark Sheet    | 6) Second Year BAMS Mark Sheet       |
| 7) Final Year BAMS Mark Sheet                          | 8) Degree Cert.                  | 9) Passing Cert.                     |
| 10) Attempt Certificate                                | 11) Internship Completion Cert.  | 12) Registration Cert.- MCIM or CCIM |
| 14) Cast Certificate                                   | 15) Cast Validity Certificate    | 16) Non Creamy Layer Certificate     |
| 17) Leaving Cert./Transfer Cert. (LC/TC)               | 18) Educational Gap Cert.        | 19) Migration Certificate            |
| 20) Medical Fitness Certificate                        | 21) Physically Handicapped Cert. | 22) Photo – 6 (Passport size)        |
| 23) Govt. Gazette – For change of name (if Applicable) |                                  |                                      |

**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

Principal