

GUJARAT AYURVED UNIVERSITY



Phone/Fax: 0288-2555853 Email: drexam@ayurveduniversity.com Web: www.ayurveduniversity.edu.in

(All details should be filled in Capital Letters only)

Date: _____

To,
The Registrar,
Gujarat Ayurved University
Chanakya Bhavan, Jamnagar, Gujarat (India) – 361008.

Sub.: Application for Original Degree Certificate of BSAM / BAMS /BAMS (Foreigners Course)/ BPharm (Ayu) / BYNS. (Tick ✓ appropriate)

Sir,

With reference to the subject mentioned, I request you to issue my original degree certificate of BSAM / BAMS / BAMS (Foreigners Course) / BPharm (Ayurved) / BYNS examination. My details are as follows:

1. Name of the student :
2. Sex : Male Female
3. Present Address :
(with pin code)
4. Permanent Address :
(with pin code)

Degree certificate to be sent at (Tick ✓ appropriate) : Present Address Permanent Address

5. Contact No. : Phone with std code :
Mobile No. :
6. Email :
7. Year and month of passing :
8. Name of College :
9. Examination No. of final year :
10. Enrollment No. :

Attachments:

1. Demand draft of Rs. 600 in favour of 'The Registrar, Gujarat Ayurved University, Jamnagar'
(For student of BAMS (Foreigners Course), Demand draft of Rs. 1100)
2. Marksheet of Final Year (attested by gazetted officer)
3. Internship completion certificate (attested by gazetted officer) (BAMS only)
4. Registration Certificate (attested by gazetted officer) (BAMS only)
5. 2 (Two) passport size photographs with full name on the back side

Detail of fees: (Demand draft or cash deposited at University)

Demand Draft : DD No. _____ Dated: _____
Cash : Receipt No. _____ Dated: _____

(Signature of Student)

Name and postal address to send degree certificate (4 copies):

Name : Address:	Name : Address:
Name : Address:	Name : Address:

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Date:

To,
The Registrar,
Gujarat Ayurved University
Chanakya Bhavan, Jamnagar, Gujarat (India) – 361008.

Sub.: Application for Original Degree Certificate of MD (Ayu) / MS (Ayu) / PhD (Ayu) / MPharm (Ayu) / MSc (Medi. Plants) / PhD (Medi Plants).

(Tick ✓ appropriate)

Sir,

With reference to the subject mentioned, I request you to issue my original degree certificate of _____ examination. My details are as follows:

1. Name of the student :
2. Sex : Male Female
3. Present Address :
(with pin code)
4. Permanent Address :
(with pin code)

Degree certificate to be sent at (Tick ✓ appropriate) : Present Address Permanent Address

5. Contact No. : Phone with std code :
Mobile No. :
6. Email :
7. Year and month of passing :
8. Name of College/Institute :
9. Examination No. of final year :
10. Enrollment No. :

Attachments: (Tick ✓ appropriate)

1. Demand draft of Rs. 500 in favour of 'The Registrar, Gujarat Ayurved University, Jamnagar'
2. Marksheet of Final Year (attested by gazetted officer)
3. Copy of Declaration of PhD result (attested by gazetted officer, only for PhD Students)

Detail of fees: (Demand draft or Cash deposited at University)

Demand Draft : DD No. _____ Dated: _____
Cash : Receipt No. _____ Dated: _____

(Signature of Student)

Name and postal address to send degree certificate (4 copies):

Name : Address:	Name : Address:
Name : Address:	Name : Address:

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(All details should be filled in Capital Letters only) Date: _____

To,
The Registrar,
Gujarat Ayurved University
Chanakya Bhavan, Jamnagar, Gujarat (India) – 361008.

Sub.: Application for Original Degree Certificate of DPharm (Ayu) / DNet / DYN / PGDYN.
(Tick ✓ appropriate)

Sir,

With reference to the subject mentioned, I request you to issue my original degree certificate of _____ examination. My details are as follows:

1. Name of the student :
2. Sex : Male Female
3. Present Address :
(with pin code)
4. Permanent Address :
(with pin code)

Degree certificate to be sent at (Tick ✓ appropriate) : Present Address Permanent Address

5. Contact No. : Phone with std code :
Mobile No. :
6. Email :
7. Year and month of passing :
8. Name of College/Institute :
9. Examination No. of final Sem. :
10. Enrollment No. :

Attachments: (Tick ✓ appropriate)

1. Demand draft of Rs. 300 in favour of 'The Registrar, Gujarat Ayurved University, Jamnagar'
2. Marksheet of Final Semester (attested by gazetted officer)

Detail of fees: (Demand draft or Cash deposited at University)

Demand Draft : DD No. _____ Dated: _____
Cash : Receipt No. _____ Dated: _____

(Signature of Student)

Name and postal address to send degree certificate (4 copies):

Name : Address:	Name : Address:
Name : Address:	Name : Address:

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Date: _____

To,
The Registrar,
Gujarat Ayurved University
Chanakya Bhavan, Jamnagar, Gujarat (India) – 361008.

Sub.: Application for Duplicate Degree Certificate.

Sir,

With reference to the subject mentioned, I request you to issue my duplicate degree certificate of _____ examination. My details are as follows:

1. Name of the student :
2. Sex : Male Female
3. Present Address :
(with pin code)
4. Permanent Address :
(with pin code)

Degree certificate to be sent at (Tick ✓ appropriate) : Present Address Permanent Address

5. Contact No. : Phone with std code :
Mobile No. :
6. Email :
7. Year and month of passing :
8. Name of College/Institute :
9. Examination No. of final year :
10. Enrollment No. :

Attachments: (Tick ✓ appropriate)

1. Demand draft of Rs. 2500 in favour of 'The Registrar, Gujarat Ayurved Univesity, Jamnagar'
2. Affidavit on non-judicial Rs. 50 stamp-paper from Notary or 2nd Class Magistrate
3. Copy of original degree certificate (attested by gazetted officer)
4. Marksheet of Final Year / Semester (attested by gazetted officer)
5. Bonafied certificate from the Principal of college/institute last attended
6. Internship completion certificate (attested by gazetted officer, for BSAM/BAMS only)
7. Registration Certificate (attested by gazetted officer, for BSAM/BAMS only)
8. Copy of Declaration of PhD result (attested by gazetted officer, only for PhD Students)

Detail of fees: (Demand draft or Cash deposited at University)

Demand Draft : DD No. _____ Dated: _____
Cash : Receipt No. _____ Dated: _____

(Signature of Student)

Name and postal address to send degree certificate (4 copies):

Name : Address:	Name : Address:
Name : Address:	Name : Address:

ડુપ્લીકેટ સર્ટીફિકેટ મેળવવા માટે રૂ.૫૦/- ના સ્ટેમ્પ પેપર ઉપર સોગંદનામું (સુચિત)
નમુનો

આથી હું નીચે સહી કરનાર શ્રી..... ઉમર વર્ષ

(પુરુ નામ)

ધંધો

(ધંધાનું સરનામું જો હોય તો)

રહેવાસી

(રહેઠાણનું પુરુ સરનામું.)

મારા ધર્મના સોગંદ અને સત્ય પ્રતિજ્ઞા પૂર્વક જાહેર કરું છું કે

અમો નીચે સહી કરનાર ઉપર જણાવેલ સરનામે રહીએ છીએ. અમોએ વર્ષમાં ગુજરાત આયુર્વેદ યુનિવર્સિટી દ્વારા લેવાયેલ ની પરીક્ષા પાસ કરેલ છે અને યુનિવર્સિટી દ્વારા અમોને આ અંગેનું સર્ટી. કાઢી આપવામાં આવેલ હતું. પરંતુ તે સર્ટીફિકેટ નીચેના કારણસર અમારી પાસે હાલ ઉપલબ્ધ નથી.

.....

..... (સર્ટીફિકેટ અને ઉપલબ્ધતાનું કારણ ટૂંકમાં ઉપર જણાવવું)

હવે અમારે ઉપરોક્ત સર્ટીફિકેટની ના કારણસર જરૂરત ઉભી થયેલ છે. ગુજરાત આયુર્વેદ યુનિવર્સિટીમાંથી અસલનું ડુપ્લીકેટ સર્ટીફિકેટ કઢાવવાનું હોવાથી અમારી પાસેનું અસલ સર્ટી ન હોય તેના આધાર પુરાવા માટેના કામે હાલનું આ સોગંદનામું યુનિવર્સિટીને મોકલવાનું હોય તેથી કરવામાં આવે છે.

અમારા અસલ સર્ટીફિકેટનો કોઈ ગેર ઉપયોગ કરેલ નથી તેમજ હવે પછી યુનિવર્સિટી દ્વારા મને મળનાર ડુપ્લીકેટ સર્ટીફિકેટનો પણ ગેર ઉપયોગ હું કરીશ નહીં. જેની આથી ખાત્રી આપું છું.

ભવિષ્યમાં અસલ સર્ટી ઉપલબ્ધ થશે તો યુનિવર્સિટીમાં જમા કરાવી આપીશ તેની ખાત્રી આપું છું. (સર્ટી ખોવાયાના કિસ્સામાં આ પેરા રાખવાનો છે.)

ખોટું સોગંદનામું કરવું તે ફોજદારી ગુન્હો બને છે. તે હું સારી રીતે જાણું છું. ઉપરની તમામ હકકીત ખરી અને સત્ય છે. તે હું સોગંદ પર જાહેર કરું છું.

તારીખ : સોગંદનામું કરનારની સહી

સ્થળ :- સાક્ષીની સહી

નોટરીનો સહી / સિકકો વગેરે.

ઓળખાણ આપનાર એડવોકેટ