



GUJARAT AYURVED UNIVERSITY



Application Form for UG Course

(Payment URL Link)

Phone: 0288-2555155

Email: academic@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 (Guj.) – 361008.

Sub.: Application for Original Degree Certificate of BSAM / BAMS /BAMS (Foreigners Course) /BPharm (Ayu) / BNYS. (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 : _____
9. Examination No. of final year : _____
10. Enrollment No. : _____
11. Aadhar No. : _____

Attachments:

1. Demand draft of Rs.3000/- in favour of 'The Registrar, Gujarat Ayurved University, Jamnagar' ☐
(For student of BAMS (Foreigners Course), Demand draft of Rs. 10,000)
2. Marksheet of Final Year (self attested) ☐
3. Internship completion certificate (self attested) ☐
4. Registration Certificate (self attested) ☐
5. 2 (Two) passport size photographs with full name on the back side ☐
6. Copy of Aadhar Card (self attested) ☐

Detail of fees:

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

(Signature of Student)



GUJARAT AYURVED UNIVERSITY



Application Form for PG Course

(Payment URL Link)

Phone: 0288-2555155

Email: academic@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 (Guj.) – 361008.

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

Contact No. : _____
Phone with std code : _____
Mobile No. : _____

5. Email : _____
6. Year and month of passing : _____
7. Name of College/Institute : _____
8. Examination No. of final year : _____
9. Enrollment No. : _____
10. Aadhar No. : _____

Attachments: (Tick ✓ appropriate)

1. Demand draft of Rs.4000/- in favour of 'The Registrar, Gujarat Ayurved University, Jamnagar' ☐
2. Marksheet of Final Year (self attested) ☐
3. Copy of Aadhar Card (self attested) ☐

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

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

(Signature of Student)



GUJARAT AYURVED UNIVERSITY



Application Form for PhD Course

(Payment URL Link)

Phone: 0288-2555155

Email: academic@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 (Guj.) – 361008.

Sub.: Application for Original Degree Certificate of PhD(Ayu)/PhD (Medi Plants)/PhD(Ayu. Pharmacy)
(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. :
11. Aadhar No. :

Attachments: (Tick ✓ appropriate)

1. Demand draft of Rs.7000/- in favour of 'The Registrar, Gujarat Ayurved University, Jamnagar' ☐
2. Copy of Declaration of PhD result (self attested) ☐
3. Copy of Aadhar Card (self attested) ☐

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

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

(Signature of Student)



GUJARAT AYURVED UNIVERSITY



Application Form for Diploma Course

(Payment URL Link)

Phone: 0288-2555155

Email: academic@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 (Guj.) – 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. : _____
11. Aadhar No. : _____

Attachments: (Tick ✓ appropriate)

1. Demand draft of Rs.2000/- in favour of 'The Registrar, Gujarat Ayurved University, Jamnagar' ☐
2. Marksheet of Final Semester (self attested) ☐
3. Copy of Aadhar Card (self attested) ☐

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

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

Dated: _____

Dated: _____

(Signature of Student)



GUJARAT AYURVED UNIVERSITY

Application Form for Dilapidated Condition Degree Certificate



(Payment URL Link)

Phone: 0288-2555155

Email: academic@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 (Guj.) – 361008.

Sub.: Application for Dilapidated Condition 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. :
11. Aadhar No. :

Attachments: (Tick ✓ appropriate)

1. Demand draft in favour of 'The Registrar, Gujarat Ayurved University, Jamnagar' ☐
Fees for Degree Certificate Rs.5,000/-
2. Submit the original degree certificate ☐
3. Copy of Aadhar Card (Self attested) ☐

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

Demand Draft : DD No. _____

Dated: _____

Cash : Receipt No. _____

Dated: _____

(Signature of Student)



GUJARAT AYURVED UNIVERSITY



Application Form for Duplicate Degree Certificate

(Payment URL Link)

Phone: 0288-2555155

Email: academic@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 (Guj.) – 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. :
11. Aadhar No. :

Attachments: (Tick ✓ appropriate)

1. Demand draft in favour of 'The Registrar, Gujarat Ayurved University, Jamnagar' ☐
Fees for Duplicate Degree Certificate (1) Diploma Rs.2,000/- (2) Graduation Rs.4,000/-
(3) Post Graduation Rs.6,000/- (4) Ph.D Rs.10,000/- (5) For foreign students 20,000/-
2. An Affidavit on Rs.300/- Bond paper duly Second Class Magistrate. ☐
3. Copy of original degree certificate (Self attested) ☐
4. Marksheet of Final Year / Semester (Self attested) ☐
5. Bonafied certificate from the Principal of college/institute last attended (Self attested) ☐
6. Internship completion certificate (Self attested)for BSAM/BAMS/BNYS only. ☐
7. Registration Certificate (self attested), for BSAM/BAMS only ☐
8. Copy of Declaration of PhD result (self attested) only for PhD Students ☐
9. Copy of Aadhar Card (Self attested) ☐

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

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

(Signature of Student)

**ડુપ્લીકેટ સર્ટીફિકેટ મેળવવા માટે રૂ.૩૦૦/- 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 આપુ છું.

ભવિષ્યમાં અસલ સર્ટી ઉપલબ્ધ થશે તો યુનિવર્સિટીમાં જમા કરાવી આપીશ તેની ખાત્રી આપુ 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 / સિક્કો વગેરે. ઓળખાણ આપનાર એડવોકેટ

Format of An Affidavit on the stamp paper of Rs.300/- for
issue Duplicate Certificate.

I, the undersigned Age..... Occupation
Address (if any)..... Resident (Full Address)
..... Declare on oath of religion and with true
pledge that I, the undersigned live on above address..... I have passed the
..... exam in year..... conducted by Gujarat Ayurved University and
a certificate for the exam was issued by the University but the same Certificate is not
available with me due to following reason (Write reason in short)

.....
Now I require the above Certificate for the reason
.....

Due to unavailability, This affidavit is being executed as a proof to submit in the University
for the purpose of issue of duplicate certificate of original certificate.

I hereby assure that I have not misused the original certificate and I will not misuse
the duplicate certificate which is being issued by the University in future also.

In future if I find the original certificate, I will submit the same in the University. (This
clause is applied in case of lost certificate only.)

I am aware of that "executing a false affidavit" is criminal offence. All the above facts
are true and best of my knowledge that I hereby declare on my oath.

Date:-

Place:-

Sign of the Person executing this affidavit:-

Sign of witness:-

Sign of Advocate who Identified:-

Seal and Sign of Notary