

Phone: 0288-2555155

GUJARAT AYURVED UNIVERSITY



Application Form for UG Course

(Payment	URL	Link)
(,

Em	ail: academic@ayurvedunive	sity.c	om	Web: www.ayurveduniversity.edu.in	
	Il details should be filled in Ca			Date:	—
To, The Gu					
<u>Su</u>	 <u>Application for Original</u> <u>(Ayu) / BNYS</u>. (Tick ✓ application) 			SAM / BAMS /BAMS (Foreigners Course) /BPha	<u>rm</u>
Sir,					
		-	t mentioned, I reation. My details ar	quest you to issue my original degree certificate re as follows:	of
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 (T	ick 🗸 appropriate) : Present Address 🗆 Permanent Address 🗆	
5.	Contact No.	:`	Phone with std		
			Mobile No.	:	
6.	Email	:			
7.	Year and month of passing	:			
	Name of College	:			
	Examination No. of final yea	r :			
	Enrollment No.	:			
	Aadhar No.	:			
	achments:				
1.			-	ar, Gujarat Ayurved University, Jamnagar' 🗆	
	(For student of BAMS (Foreig	-		-	
	Marksheet of Final Year (self		-		
3.	Internship completion certifi	cate	(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:



GUJARAT AYURVED UNIVERSITY Application Form for PG Course



(Payment URL Link)

Pho	one: 0288-2555155				
Em	ail: academic@ayurvedunive	rsity.co	om	Web: www.ayurvedunivers	ity.edu.in
(Al	ll details should be filled in Ca	apital Le	etters only)	Date:	
Gu	e Registrar, jarat Ayurved University. anakya Bhavan, Jamnagar (Gu	ıj.) — 36	51008.		
Sub	o.: Application for Original	Degre	e Certificate of I	MD (Ayu) / MS (Ayu) / MPharm (A	yu) / MSc (Medi.
	<u>Plants)</u> (Tick ✓				
Sir,		1			
			mentioned, Tre on. My details ai	equest you to issue my original deg re as follows:	ree certificate of
1.	Name of the student	:	on. Wy actuis a		
2.	Sex	:	Male 🗆	Female 🗆	
3.	Present Address	:			
	(with pin code)				
4.	Permanent Address (with pin code)	:			
Сог	Degree certificate to be sen ntact No.	t at (Tio :	Phone with std	e) : Present Address 🗆 Permanent A l code :	ddress 🗆
-	Freed		Mobile No.		
5. c	Email	:			
	Year and month of passing	:			
	Name of College/Institute	:			
8.	Examination No. of final yea	r :			
9.	Enrollment No.	:			
	Aadhar No.	:			
	achments: (Tick ✓ appropria				
1. 2.	Marksheet of Final Year (sel		-	ar, Gujarat Ayurved University, Jam	
2. 3.			-		
-	tail of fees: (Demand draft or	-		versity)	
	mand Draft : DD No.			Dated:	
Cas	sh Receipt	No.		Dated:	





Application Form for PhD Course (Payment URL Link)

Phone	: 0288-2555155				
	academic@ayurvedunive	-		Web: www.ayurvedunivers	ity.edu.in
(All de	etails should be filled in Ca	apital L	etters only)	Date:	
To,					
	gistrar,				
-	t Ayurved University.	.:))	C1000		
Chana	kya Bhavan, Jamnagar (G	JJ.) – 3t	51008.		
<u>Sub.</u> :			ee Certificate of P	hD(Ayu)/PhD (Medi Plants)/PhD	(Ayu. Pharmacy)
c .	(Tick ✓ appropi	riate)			
Sir,		-		uest you to issue my original deg	ree certificate of
1.	Name of the student	iminati :	on. My details are	as follows:	
2.		:	Male 🗆	Female 🗆	
	Present Address				
-	ith pin code)	-			
(0					
4.	Permanent Address	:			
(w	ith pin code)				
	-				
5	Contact No.	e sent a	t (Tick ✓ appropria Phone with std c	ate) : Present Address 🗆 Permane	nt Address 🗆
5.	contact No.	•	Mobile No.		
6.	Email		NUDITE NO.		
_	-	:			
7.	Year and month of pass	-			
8.	Name of College/Institu				
9.	Examination No. of fina	i year :			
	. Enrollment No.	:			
	. Aadhar No.	:			
	ments: (Tick ✓ appropria	-	ur of 'The Pegistra	r, Gujarat Ayurved University, Jam	nagar
	py of Declaration of PhD			, Gujarat Ayurveu Oniversity, Jani	
	of Aadhar Card (self atte	•			
	of fees: (Demand draft o	-	deposited at Unive	rsity)	—
	nd Draft : DD No.		-	Dated:	
Cash	Receipt	No.		Dated:	





(Payment URL Link)

Application Form for Diploma Course

Phone	: 0288-2555155				
Email:	academic@ayurvedu	university.co	om	Web: www.ayurveduni	versity.edu.in
(All de	etails should be filled	in Capital L	etters only)	Date:	
Gujara	egistrar, It Ayurved University kya Bhavan, Jamnaga Application for Ori (Tick ✓ appropriate	ar (Guj.) – 3 ginal Degre		harm (Ayu) / DNet / DYN / PO	<u>GDYN</u> .
Sir,					
	With reference to			uest you to issue my original	degree certificate of
 1. Na	me of the student	_ examinati	ion. My details are	as follows:	
-			Male 🗆	Female 🗆	
2. Se		•			
	esent Address	÷			
(w	rith pin code)				
4. Pe	rmanent Address	:			
	rith pin code)				
,	. ,				
De	egree certificate to be	e sent at (Ti	ck ✓ appropriate) :	Present Address 🗆 Permane	ent Address 🗆
5. Co	ntact No.	:	Phone with std c	ode :	
			Mobile No.	:	
6. En	nail	:			
7. Ye	ar and month of pas	sing :			
8. Na	ame of College/Institu	ute :			
9. Ex	amination No. of fina	al Sem. :			
10. En	rollment No.	:			
11. Aa	idhar No.	:			
	iments: (Tick ✓ appr				
			-	, Gujarat Ayurved University,	
	arksheet of Final Sem opy of Aadhar Card (s	•			
5. CO	py of Adultat Card (S		1		
	of fees: (Demand dr		deposited at Unive		
		No.		Dated:	
Cash	Re	ceipt No.		Dated:	





(Payment URL Link)

Application Form for Dilapidated Condition Degree Certificate

Phone: 0288-2555155 Email: academic@ayurveduniversity.com

Web. www.a	yurveduniversity	/ edu in
	yurveuuniversity	

(All details should be filled in Capital Letters only)

Date:

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

<u>Sub.</u>: <u>Application for Dilapidated Condition Degree Certificate</u>.

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 🗆	Fen	nale 🗆		
3.	Present Address	:					
	(with pin code)						
4.	Permanent Address	:					
	(with pin code)						
	Degree certificate to be s	ent at (Tic	:k 🗸 appropriate	e) : Present Ad	ddress 🗆	Permane	nt Address 🗆
5.	Contact No.	•	Phone with sto	d code :			
			Mobile No.	:			
6.	Email	:					
7.	Year and month of passin	ıg :					
8.	Name of College/Institute	e :					
9.	Examination No. of final y	year :					
10.	Enrollment No.	:					
11.	Aadhar No.	:					
Atta	achments: (Tick ✓ approp	riate)					
1.	Demand draft in favour o	f 'The Reg	istrar, Gujarat A	yurved Unive	ersity, Jam	inagar'	
	Fees for Degree Certificat	te Rs.5,00	0/-				
2.	Submit the original degre	e certifica	te				
3.	Copy of Aadhar Card (Self	f attested)					
Deta	ail of fees: (Demand draft	t or Cash d	leposited at Uni	versity)			
Den	nand Draft : DD N	lo.			Date	d:	
Casł	h Recei	ipt No.			Date	d:	
Den	nand Draft : DD N	lo.	leposited at Uni 	versity) 			-





(Payment URL Link)

Application Form for Duplicate Degree Certificate

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.

~	:	
``	I	r
-		۰,

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 sen	t at (T	ick 🗸 appropriate	e) : Pres	ent Address 🗆 🛛 Permanent Add	dress 🗆
5.	Contact No.	:	Phone with st	d code	:	
			Mobile No.		:	
6.	Email	:				
7.	Year and month of passing	:				
8.	Name of College/Institute	:				
9.	Examination No. of final yea	ar:				
10	. Enrollment No.	:				
	. Aadhar No.	:				
	t <u>achments</u> : (Tick ✓ appropria					
1.	Demand draft in favour of '		•	•		
)/- (2) Graduation Rs.4,000/-	
	(3) Post Graduation Rs.6,00				-	
2.	An Affidavit on Rs.300/- Bor	nd pap	er duly Second C	lass Ma	gistrate.	
3.	Copy of original degree cert	ificate	(Self attested)			
4.	Marksheet of Final Year / Se	emeste	er (Self attested)			
5.	Bonafied certificate from th	e Prin	cipal of college/i	nstitute	last attended (Self attested)	
6.	Internship completion certil	ficate	(Self attested)fo	r BSAM	/BAMS/BNYS only.	
7.	Registration Certificate (self	attest	ted), for BSAM/B	AMS on	ly	
8.	Copy of Declaration of PhD	result	(self attested) or	ly for Pl	nD Students	
9.	Copy of Aadhar Card (Self at	ttested	(k			
De	tail of fees: (Demand draft o	r Cash	deposited at Uni	versity)		
De	mand Draft : DD No.		-		Dated:	
Ca	sh Receipt	No.			Dated:	

ડુપ્લીકેટ સર્ટીફીકેટ મેળવવા માટે રૂા.૩૦૦/– ના સ્ટેમ્પ પેપ૨ ઉપ૨ <u>સોગંદનામુ</u> <u>(સુચિત) નમુનો</u>

આથી હું નીચે સહી કરનાર શ્રી	ઉમર વર્ષ
- (પુરુ નામ)	
ધંધો	
(ઘંઘ	ાનું સરનામુ જો હોય તો)
	· · · · · · · · · · · · · · · · · · ·
મારા ધર્મના સોગંદ અને સત્ય પ્રતિજ્ઞા પૂર્વક જ અમો નીચે સહી કરનાર ઉપર જણાવેલ સર યુનિવર્સિટી દ્વારા લેવાયેલ	રહેઠાશનું પુરુ સરનામું.) ાહેર કરૂ છુ કે રનામે રહીએ છીએ. અમોએ વર્ષમાં ગુજરાત આયુર્વેદ ની પરીક્ષા પાસ કરેલ છે અને યુનિવર્સિટી દ્વારા અમોને આ અંગેનું ટીંફીકેટ નીચેના કારણસર અમારી પાસે હાલ ઉપલબ્ધ નથી.
	અન ઉપલબ્ધતાનું કારણ ટૂંકમાં ઉપર જણાવવું)
યુનિવર્સિટીમાંથી અસલનું ડુપ્લીકેટ સટીંફીકેટ ક માટેના કામે હાલનું આ સોગંદનામું યુનિવર્સિટી	
સર્ટીફીકેટનો પણ ગેર ઉપયોગ હું કરીશ નહી.	ઉપયોગ કરેલ નથી તેમજ હવે પછી યુનિવર્સિટી દ્વારા મને મળનાર ડુપ્લીકેટ જેની આથી ખાત્રી આપુ છુ. ો યુનિવર્સિટીમાં જમા કરાવી આપીશ તેની ખાત્રી આપુ છુ. (સર્ટી ખોવાયાના
કિસ્સામાં આ પેરા રાખવાનો છે.)	યુન્હો બને છે. તે હું સારી રીતે જાશું છુ. ઉપરની તમામ હકકીત ખરી અને
તારીખ :	સોગંદનામું કરનારની સહી
સ્થળ :–	સાક્ષીની સહી
નોટરીનો સહી / સિકકો વગેરે.	ઓળખાશ આપના૨ 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