



# SREE NARAYANA INSTITUTE OF AYURVEDIC STUDIES & RESEARCH

Karimpinpuzha P.O, Pangodu, Puthoor, Kollam-691507

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Temp Id :-

## APPLICATION FOR ADMISSION TO M.D (Ay.)/M.S(Ay.) COURSE

### Personal Details

Name of the Student:

Residential Address:-

Pin

Aadhar No  Marital Status:

Email Id of Student

Mobile No of Guardian  Mobile No of Student

Date of Birth  /  /  Age  Sex Male  Female  Others

Nationality:  Religion:

Caste  Sub Caste

Blood Group  Personal Identification Mark

### Details of Qualifying Examination

Name of the College & University from which Applicant passed Ayurvedic Degree course

Month and year of passing the degree course with Reg. No.

Whether the applicant completed his internship training programme YES / No.  (If Yes, date of Completion : .....)  
(If No, Reason : .....)

### Marks Obtained In The Final Year Degree Examination

Sl No.	Subject	Maximum Marks		Marks Secured		No of Attempt
		Theory	Practical	Theory	Practical	
1						
2						
3						
4						
5						
6						
7						
8						

Percentage of mark obtained in the final year

### Entrance Examination Details

AIAPGET - 2025 Authority  Appl. No. :  Roll No. :

NTA Rank :  Mark Obtained :  Percentile Score :

KEAM- 2025 Authority  Appl. No. :  Roll No. :

CEE Medical Rank :  Ayurveda Rank:

### Other Details, if any

Migration Certificate,if any

Equivalence Certificate,if any

### Whether Hostel Facility Required

Required  Not Required

Subject of specialisation the applicant desires to undertake

1) MD Kayachikithsa

2) MS Shalyathantra

Percentage of Mark in the subject in which he/she desires to specialisation	No	Name of Subject	% of Mark	Attempt
	1)	MD Kayachikithsa		
	2)	MS Shalyathantra		

Signature of the applicant

Date :  /  /

Signature of the guardian

### Office Use Only

Registration No..... Rank in the MQ..... Branch Alloted.....

PRINCIPAL