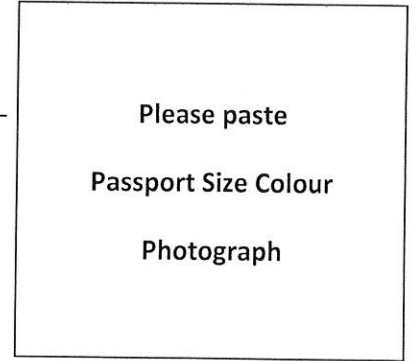


**Registration for MD(Ay)/MS(Ay) Institutional Quota-2019**  
**Faculty of Ayurveda, Institute of Medical Sciences Banaras Hindu University**  
**Varanasi-221005**



1. Name of the Candidate : \_\_\_\_\_  
Mobile \_\_\_\_\_ Email id: \_\_\_\_\_  
Aadhar No. \_\_\_\_\_
2. Permanent Address :  
\_\_\_\_\_  
\_\_\_\_\_
3. Father's Name : \_\_\_\_\_ Mobile \_\_\_\_\_  
Email id: \_\_\_\_\_
4. Registration Date \_\_\_\_\_
5. AIAPGET-2019 Roll No. : \_\_\_\_\_ Category \_\_\_\_\_
6. AIAPGET-2019 Rank No. : \_\_\_\_\_ AIAPGET-2019 Marks \_\_\_\_\_
7. Permanent Registration No. by CCIM: \_\_\_\_\_
8. BHU Enrolment No. \_\_\_\_\_ BHU Roll No. \_\_\_\_\_
9. Draft No. \_\_\_\_\_ Date . \_\_\_\_\_
10. Name of Bank \_\_\_\_\_ Amount \_\_\_\_\_
11. Course registered for : MD(Ay)/MS(Ay)
12. Attachments: As per Notice dated 21.08.2019.

**Signature of the Candidate**

**Date:** \_\_\_\_\_