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Abbreviated Name of the College
(to be entered by the college office)



University of Pune

Doctor of Medicine (Ayurved) Final Examination (आयुर्वेद वाचस्पती)

To,

The Controller of Examinations,
University of Pune,
Pune-411007

Sir,

I request permission to present myself at the ensuing final examination for the Degree of “Doctor of Medicine” (Ayurved) (आयुर्वेद वाचस्पती) at Centre. I wish to appear for the following group/I wish to claim the exemption in the following subjects as I have passed in this / these subject/s at examination shown against them :

| Name of Subject | Name of the Group | Seat No. Year & Month of Passing |
|-----------------|-------------------|-------------------------------------|
|-----------------|-------------------|-------------------------------------|

(1)

(2)

(3)

(4)

(5)

Yours faithfully,

Signature of the Candidate

Place :

Date :

*Fill in the column which is applicable

MD (Ayurved) Final Exam (05-2009)

[P.T.O.]

PERSONAL DETAILS

1. Name in full in CAPITAL LETTER
(beginning with Surname)
Mother's Name
Also in Devnagari Script
(Note : Applicant from South India and upcountries should write the name in the manner in which the same should appear on University Record)
2. Male or Female 3. Student / Ex-Student
4. Year & Month of Passing Final Examination for
5. Date of Registration for the said course :
6. Date of Approval of Topic of Dissertation :
7. Residential Address (Local) :
.....
8. Residential Address (Permanent) :
9. Mobile No.

CERTIFICATE

(To be signed by the recognized Teacher)

I certify that Shri./Smt.
has worked under my guidance for his/her dissertation in the subject of
to be submitted to the University for the M.D. Ayurved (आलुर्वेद वाचस्पती) Final Examination and that in my
opinion the dissertation is satisfactory for its submission.

.....
Signature of the Recognised
University teacher concerned

.....
Signature of the Principal