

Price : Rs. 30/-

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



University of Pune
Doctor of Medicine (Unani) Preliminary Examination
Amraz-e-Niswan-Wa-Atfal

To,

The Registrar,
University of Pune,
Pune-411007

Sir,

I request permission to present myself at the ensuing preliminary examination for the Degree of “Doctor of Medicine” (Unani) at Centre. I wish to answer the question papers in the language shown against each subject and / or claim the exemption in the following subjects as I have passed in this / these subject/s at examination shown against them :

Name of Subject	Year and month of Passing	*Language of answer (if appearing this time
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- (1) Umoore-Tibia with Itlaqui Afzal-Ul-Aza.
- (2) Tareekh-e-Tib (History on Medicine).
- (3) Methods of Research and Biostatistics.
- (4) Usool-Ilaj with Itlaqui Maheatul-Amraz.
- (5) Matab (Tashkhees-wa-Tajweez).

Yours faithfully,

Signature of the Candidate

Place :

Date :

*Fill in the column which is applicable

[P.T.O.]

PERSONAL DETAILS

1. Name in full in CAPITAL LETTER
 (beginning with Surname)
 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
 Degree in Unani and name of the University
 Diploma of Statutory Board or Govt. Faculty
 Recognized by the C.C.I.M.
5. Date of Registration for the said course :
6. Date of Approval of Topic of Thesis :
7. Residential Address (Local) :

8. Residential Address (Permanent) :
9. Mobile No.

CERTIFICATE

1. "I hereby certify that the applicant took the Degree in and that subsequent to his obtaining the Degree has completed the Housemanship from to i.e. one year in our Hospital / Institution".

.....
 Signature of the Head of the
 Recognised Hospital / Institution

2. "I certify that the applicant has undergone the training of Two terms (from to and from to) under a Recognised Teacher (Name of the teacher) in our College / Institution".

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

.....
 Signature of the Head of the
 College / Institution