



SHRI KRISHNA AYUSH UNIVERSITY, KURUKSHETRA

EXAMINATION FORM

Space for affix
Photo to be
attested by
Director/Principal
of concerned
AYUSH college

Roll No. _____ (To be assigned by the office)

Centre of Examination _____ (To be assigned by the office)

(To be filled by the candidates neatly and legibly in his/her own handwriting)

1. Name of Examination in which to appear(Strike out which is not applicable)

D.PHARMACY(AYURVEDA)..... B.H.M.S.....

B.A.M.S..... MD/MS(AYURVEDA).....

2. Annual July202...../Supplementary December 202.....

3. Name of the College: _____

4. Name (IN BLOCK LETTERS) (in English) _____

(in Hindi) _____

5. Father's Name (IN BLOCK LETTERS) (in English) _____

(in Hindi) _____

6. Mother's Name (IN BLOCK LETTERS) (in English) _____

(in Hindi) _____

7. Regn. No. _____

8. Male/Female/Transgender _____

9. Permanent address _____

Mobile No. _____

Email.id _____

10. University Fee Receipt No./ Bank Draft No. _____

Date _____

Amount _____

Or On line Transaction no. _____

Date _____

Amount _____

11. Subject in which appearing: 1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

12. Roll No. of Passing previous Examination: _____

Dated _____

(Signature of Candidate)

(CERTIFICATE)

I certify that the candidate mentioned above has satisfied me by production of authentic documents. The statements made by him/her above are correct. He/she fulfills the condition laid down under the regulations for eligibility to appear in the Examination mentioned above in force in the Shri Krishna AYUSH University, Kurukshetra (Haryana). He/She bears a good moral character and fulfills the condition of 75% attendance of the total lectures in theory & practical in above mentioned subject(s).

Dated _____

Principal

(college stamp)

Place _____

.....
.....



SHRI KRISHNA AYUSH UNIVERSITY, KURUKSHETRA

ADMIT CARD

(For Student)

Session: (Annual /Supplementary)
(Tick the correct one)

Roll No.....
(TO BE ASSIGNED BY THE OFFICE)

Space for affixing photo to be attested of the Director/Principal of concerned AYUSH College.

Note: The candidate will be admitted to the Examination hall on showing this roll no. slip for examination Year

1. Registration Number.....
2. Name of the candidate.....
3. Father's name Shri.....
4. Centre Name:(Centre Code.....)
(To be assigned by the office)
5. Signature of the Candidate
(The candidate must sign here before submitting this form to the College)

Controller of Examinations



SHRI KRISHNA AYUSH UNIVERSITY, KURUKSHETRA

ADMIT CARD

(For Centre Superintendent)

Session: (Annual /Supplementary)
(Tick the correct one)

Roll No.....
(TO BE ASSIGNED BY THE OFFICE)

Space for affixing photo to be attested of the Director/Principal of concerned AYUSH College.

- Examination..... Year.....
1. Registration Number.....
 2. Name of the candidate.....
 3. Father's name Shri.....
 4. Centre Name:(Centre Code.....)
(To be assigned by the office)
 5. Signature of the Candidate
(The candidate must sign here before submitting this form to the College)

Controller of Examinations