## MAHAYOGI GURU GORAKHNATH AYUSH UNIVERSITY

## Pipri, Bhathat, Gorakhpur, Uttar Pradesh-273306

(Application for Diploma of Panchakarma Therapist For Indian & Foreign Students )

(Last Date For Submission of Application form–15 days from the date of advertisement)

|  | ABOUT THE CANDIDATE (To be filled by the Candidate) |                   |                       |                     |             |  |  |  |  |  |
|--|---|-------------------|-----------------------|---------------------|-------------|--|--|--|--|--|
| 1.   | Name:   | recent photograph |                       |                     |             |  |  |  |  |  |
| 2.   | Address for correspondence:                         |                   |                       |                     |             |  |  |  |  |  |
| Mobile No:Email ID:  |   |                   |                       |                     |             |  |  |  |  |  |
| 3. (Attach self attested copies of all the relevant credentials) |   |                   |                       |                     |             |  |  |  |  |  |
|  | Particulars   | Subject(s)        | Year of<br>Completion | College / Institute | /University |  |  |  |  |  |
|  | Intermediate  |                   |                       |                     |             |  |  |  |  |  |
|  | Highschool  |                   |                       |                     |             |  |  |  |  |  |

**4-Admission Criteria for Diploma of Panchakarma Therapist:-** Candidate shall have passed 10+2 examination conducted by the respective state/central government authorities recognized as equivalent to 10+2 examination by the Association of Indian Universities (AIU) **of any stream** 

## **DECLARATION BY THE CANDIDATE**

| I hereby                                 | declare that  | the particulars | furnished by   | me are co | rrect. I am av   | ware that | any |
|--|---------------|-----------------|----------------|-----------|------------------|-----------|-----|
| incorrect                                | t information | may lead to the | e cancellation | of my adm | nission. I shall | abide by  | the |
| rules and regulations of the University. |               |                 |                |           |                  |           |     |
|  |               |                 |                |           |                  |           |     |

|        | Signature of the Candidate |
|--------|----------------------------|
| Place: |                            |
| Date:  |                            |