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| VAIDYARATNAM P. S VARIER AYURVEDA COLLEGE KOTTAKKAL PHD JOINING FORM |
| Research Department |   |
| Supervising Guide Name |  |
| Co-Guide Name |  |
| Mode of Study | Full Time / Part Time |
| *Personal Details*  |
| Name of the candidate :  |
| Date of Birth:  |   | Age:  | Sex :  |
| *Details of Matriculation Examination* |
| Examination |   |
| Name of School  |  |
| Reg Number                                              Month of Passing:                           Year:  |
| *Details of Qualifying examination passed [MD (Ay)]* |  |  |
| Name of the examination : |  |  |
| University |  |  |  |
| Month of Passing |   | Year:  |  |  |
| Register No  |  |  |  |
| Total marks %  |  | Grade :  |  |  |
| Name of the institution last attended : |  |  |
| *Residential Address Details* |  |  |
|     House Name |   |  |  |
|     Post |   |  |  |
|    Street / District /Pin  |   |  |  |
| *Official Address* |  |  |
|     Address |   |  |  |
|     Post |   |  |  |
|     Street / District / Pin : |  |  |
| Phone No:  | Mob:                                 e-mail Id: |  |  |
| Religion :  |  Caste  |  |  |
| Blood Group : |  Aadar No: |  |  |
| *Details Medical Council registration* |  |  |
| Name of the council |  |  |  |
| Reg Number |   | Date  |  |  |
| *Fee Remittance Details* |  |  |
| Ph.D Research Centre Fee | 10500/- University order no 843/2020/AC1/GEN A4/KUHS dated 04/08/2020 |  |  |
| Ph.D Academic Fee | 10000/- Fee as per Ayush order no GO(Rt) No 667/2019/AYUSH dated 28/12/2019 |  |  |
| Transaction ID/UTR No |  Amount : 20500/- Date:  |  |  |
| *Declaration*  |  |  |
|  I hereby **declare** that the information given in this **joining form** is true and correct to the best of my knowledge and belief. In case any information given in this **joining form** proves to be false or incorrect, I shall be responsible for the consequences. I also undertake that i am liable to pay the actual expenditure that may incur for reagents/chemicals/drugs/other consumables during the course of my study to the research centre. |  |  |
| *Instructions*  |  |  |
| 1) Remit the required fee to the bank account shown below**Bank Details** Name of Bank : Bank of India, KottakkalAccount No : 855910110001514IFSC : BKID0008559Account Name : Principal ,VPSV AVC2) Note down the reference/ Transaction ID number of the payment3) e-mail the filled up Joining form along with a passport size photograph, BAMS Certificate and MD Certificate to [vpsvprincipal@gmail.com](https://www.kottakkalayurvedacollege.ac.in/) |  |  |