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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, Kottakkal Account No : 855910110001514 IFSC : BKID0008559 Account Name : Principal ,VPSV AVC  2) Note down the reference/ Transaction ID number of the payment  3) 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/) | | | |  |  |