

**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		
<i>Personal Details</i>			
Name of the candidate :			
Date of Birth:		Age:	Sex :
<i>Details of Matriculation Examination</i>			
Examination			
Name of School			
Reg Number	Month of Passing:	Year:	
<i>Details of Qualifying examination passed [MD]</i>			
Name of the examination :			
University			
Month of Passing		Year:	
Register No			
Total marks %		Grade :	
Name of the institution last attended :			
<i>Permanent Address Details</i>			
House Name			
Post			
Street / District /Pin			
<i>Official Address</i>			
Address			
Post			
Street / District / Pin :			
Phone No:	Mob:	e-mail Id:	
Religion :	Caste		
Blood Group :	Aadar No:		
<i>Details Medical Council</i>			
Name			
Reg Number		Date	
<i>Fee Remittance Details</i>			
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 during the course of my studt 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) Fill the Joining form

4) e-mail the filled up application form along with a passport size photograph, BAMS Certificate and MD Certificate .