

# GUJARAT AYURVED UNIVERSITY



Phone/Fax: 0288-2555853 Email: drexam@ayurveduniversity.com Web: www.ayurveduniversity.edu.in

## Convocation Date: 07 September 2012

- Yes, I would like to remain present on the day of convocation and to receive my certificate in person.  
 No, I would not like to remain present on the day of convocation, send it by post to me. (Tick ✓ appropriate)

(All details should be filled in Capital Letters only)

Date:

To,  
The Registrar,  
Gujarat Ayurved University  
Chanakya Bhavan, Jamnagar, Gujarat (India) – 361008.

**Sub.: Application for Original Degree Certificate of BSAM / BAMS /BAMS (Foreigners Course)/ BPharm (Ayu) / BYNS.** (Tick ✓ appropriate)

Sir,

With reference to the subject mentioned, I request you to issue my original degree certificate of BSAM / BAMS / BAMS (Foreigners Course) / BPharm (Ayurved) / BYNS examination. My details are as follows:

- Name of the student :
- Sex : Male  Female
- Present Address :  
(with pin code)
- Permanent Address :  
(with pin code)

- Degree certificate to be sent at (Tick ✓ appropriate) : Present Address  Permanent Address
- Contact No. : Phone with std code :  
Mobile No. :
  - Email :
  - Year and month of passing :
  - Name of College :
  - Examination No. of final year :
  - Enrollment No. :

### Attachments:

- Demand draft of Rs. 600 in favour of 'The Registrar, Gujarat Ayurved Univesity, Jamnagar'   
(For student of BAMS (Foreigners Course), Demand draft of Rs. 1100)
- Marksheet of Final Year (attested by gazetted officer)
- Internship completion certificate (attested by gazetted officer) (BAMS only)
- 2 (Two) passport size photographs with full name on the back side

### Detail of fees: (Demand draft or cash deposited at University)

Demand Draft : DD No. \_\_\_\_\_ Dated: \_\_\_\_\_  
Cash : Receipt No. \_\_\_\_\_ Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Student)

### Name and postal address to send degree certificate (4 copies):

Name : Address:	Name : Address:
Name : Address:	Name : Address: