



THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD – 36, Sector – 1, Salt Lake, Kolkata - 700 064

Website: - <http://www.wbuhs.ac.in>; /www.wbuhsexams.in EPBX: - 2321-3461 / 2334-6602; Fax: 2358- 0100

Memo. No.: OG / WBUHS / 2018-19 / 1495

Date: 02/11/2018

NOTICE FOR MD AYURVEDA – 2018 COUNSELLING

Venue – The West Bengal University of Health Sciences, DD-36, Sector-1, Salt Lake, Kolkata – 700 064

| Sl | Course | Date | Time |
|----|----------------|----------------------|--|
| I. | MD Ayurveda | 12.11.2018 Monday | 10.30 hrs. onwards All eligible candidates in West Bengal. as obtained from the merit list of AIAPGET – 2018 |

Candidates who have passed BAMS from the Universities of West Bengal completed 1 year rotatory internship before the day of counseling and are listed in the merit list of AIAPGET – 2018 appearing at counseling is required to bring all the following documents in original.

1. Admit Card of AIAPG Entrance Test 2018.
2. Score sheet of the candidate of AIAPGE Test-2018.
3. Mark Sheet (s) of BAMS examination in original
4. Internship Completion Certificate in original
5. School leaving certificate / Class X Mark Sheet / Class X Admit Card as proof of age in original.
6. Reservation category certificate and non-creamy layer certificate in original for OBC candidates from competent authority wherever required.[Reservation as applicable as per State government order]
7. Registration Certificate from the State Council / Central Council.
8. Any other relevant documents

Number of Seats:-

| Sl. No | Name of the Institute | Courses | seats |
|---------------|--|--------------------------------|-------|
| 1. | Institute of Post Graduate Ayurvedic Education & Research at Shyamadas Vaidya Shastra Pith - 294/3/1 Acharya Prafulla Chandra Road, Kolkata – 700 009. | Kaya Chiktisa | 07 |
| | | Ayurved Samhita and Siddhanta | 02 |
| | | Dravyaguna | 06 |
| | | Roga Nidan evum Vikriti Vigyan | 02 |
| | | Panchakarma | 02 |
| Total Seats → | | | 19 |

N.B. – Candidates will have to deposit Rs. 3,000/- (Rupees Three Thousand) only as 'Counseling Fee' by means of "Crossed Demand Draft/Pay Order" in favour of "The West Bengal University of Health Sciences", payable at Kolkata on the day of the Counseling.

*** Counseling will be conducted following the 100 point reservation roster of the State Government.

*** Admission is subject to availability of seats.


Dr. Sujishnu Mukhopadhyay

OSD – Planning, Development and Examinations affairs
The West Bengal University of Health Sciences



Pl. fill-up the Application form (annexure - I) and Verification form (annexure - II) below and submit at the time of counseling.....

APPLICATION FORM (Annexure - I)

Following particulars may be filled-up properly in the plain paper and submit the same to the University on the day of counseling i.e 12.11.2018

| | | |
|-----|--|--|
| 01. | Name (BLOCK LETTERS) | |
| 02. | Gender | |
| 03. | Date of Birth [School leaving certificate / Class X Mark Sheet / Admit Card] | |
| 04. | Caste | |
| 05. | Registration No. of AIAPGET - 2018 | |
| 06. | Rank card of AIAPGET - 2018 | |
| 07. | Total marks obtained | |
| 08. | Percentile of marks | |
| 09. | Valid Mobile No.(s) | |
| 10. | Valid E-mail ID(s) | |
| 11. | Registration No. of 'Paschim Banga Ayurveda Parishad' / CCIM | |

Date:

Signature of the candidate



(Annexure - II)

Verification form for Counseling. Year

Date of Counseling: _____

Name of the Candidates (BLOCK LETTERS): _____

Valid Contact no.(s): _____

Caste: Gen/OBC-A/ OBC-B/ SC/ST/ PC _____

Combined Rank (WBUHS) _____ Status Rank (WBUHS) _____ Roll No _____

General Merit Rank (GMR) _____ (optional)

Counseling Fees (Rs. 3,000/-) by Demand Draft / by Challan (Please tick)

Draft No. Date

Issuing Bank Issuing Branch

DECLARATION

1. I hereby declare that I am pursuing _____ course at _____ / not pursuing any course of studies at any institution at present (if required)
2. I am herewith submitting resignation letter of my previous admission at _____ (Copy to resignation letter enclosed) (if required)
3. I am herewith submitting undertaking for resignation of previous admission at _____, if I accept any seat in the Counseling. (if required)

Full Signature of the Candidate with date

Testimonials verified from original documents [Whichever is applicable]/[tick in the respective Sl. No.]

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2. Score sheet of the candidate of AIAPGE Test-2018.
3. Mark Sheet (s) of BAMS examination in original
4. Internship Completion Certificate in original
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7. Registration Certificate from the State Council / Central Council.
8. Any other relevant documents

Signature of verifier

Full signature of candidate with Date

Date: