"ACCREDITED GRADE "A" BY NAAC (CGPA 3.28)"



Phone: 0288-2555155 Email: academic@ayurveduniversity.com Web: www.ayurveduniversity..edu.in (All details should be filled in Capital Letters only) Date: To, The Registrar, Gujarat Ayurved University. Chanakya Bhavan, Jamnagar (Guj.) - 361008. Application for Original Degree Certificate of BSAM / BAMS (Foreigners Course) Sub.: /BPharm (Ayu) / BNYS. (Tick ✓ appropriate) Sir, With reference to the subject mentioned, I request you to issue my original degree certificate of / BAMS /BAMS (Foreigners Course) /BPharm (Ayu) / BNYS examination. My details are 1. Name of the student Female 2. Sex Male 🗆 3. Present Address (with pin code) 4. Permanent Address (with pin code) Degree certificate to be sent at (Tick ✓ appropriate): Present Address □ Permanent Address □ 5. Contact No. Phone with std code : Mobile No. 6. Email 7. Year and month of passing 8. Name of College 9. Examination No. of final year: 10. Enrollment No. 11. Aadhar No. **Attachments:** 1. Demand draft of Rs. 2,100 in favour of 'The Registrar, Gujarat Ayurved Univesity, Jamnagar' □ (For student of BAMS (Foreigners Course), Demand draft of Rs. 10,000) 2. Marksheet of Final Year (self attested) 3. Internship completion certificate (self attested) 4. Registration Certificate (self attested) 5. 2 (Two) passport size photographs with full name on the back side 6. Copy of Aadhar Card (self attested) **Detail of fees:** (Demand draft or cash deposited at University) Demand Draft : DD No. Dated: _____ Receipt No. _____ Dated: Cash

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Phone: 0288-2555155 Email: academic@ayurveduniversity.com Web: www.ayurveduniversity..edu.in (All details should be filled in Capital Letters only) Date: To, The Registrar, Gujarat Ayurved University. Chanakya Bhavan, Jamnagar (Guj.) - 361008. Sub.: Application for Original Degree Certificate of MD (Ayu) / MS (Ayu) / MPharm (Ayu) / MSc (Medi. Plants) (Tick ✓ appropriate) Sir, With reference to the subject mentioned, I request you to issue my original degree certificate of _____ ____ examination. My details are as follows: 1. Name of the student : 2. Sex Male 🗆 Female 3. Present Address (with pin code) 4. Permanent Address (with pin code) Degree certificate to be sent at (Tick ✓ appropriate) : Present Address ② Permanent Address ② 5. Contact No. Phone with std code : Mobile No. 6. Email 7. Year and month of passing 8. Name of College/Institute 9. Examination No. of final year: 10. Enrollment No. 11. Aadhar No. **Attachments**: (Tick ✓ appropriate) 1. Demand draft of Rs. 3000/- in favour of 'The Registrar, Gujarat Ayurved Univesity, Jamnagar' □ 2. Marksheet of Final Year (self attested) 3. Copy of Aadhar Card (self attested) **<u>Detail of fees:</u>** (Demand draft or Cash deposited at University) Dated: _____ Demand Draft : DD No. Cash Receipt No. Dated:

"ACCREDITED GRADE "A" BY NAAC (CGPA 3.28)"

Em	ail: a		155 ayurvedunive be filled in Ca	•		We	b: www.ayurveduniversityedu.in Date:		
Guj	arat	gistrar, : Ayurved U :ya Bhavan,	niversity. Jamnagar (Gu	ıj.) – 36	1008.				
Sub.:		Application for Original Degree Certificate of PhD(Ayu)/PhD (Medi Plants)/PhD(Ayu. Pharmacy) (Tick ✓ appropriate)							
Sir,		With refe	rence to the	subie	ct mentioned. I	request v	ou to issue my original degree		
cer	tifica		With reference to the subject mentioned, I request you to issue my original degreate of examination. My details are as follows:						
	1.	Name of t	he student	:					
	2.	Sex		:	Male \square	Fe	male 🗆		
	3.	Present Ad	ddress	:					
	(wi	th pin code)						
	4.	Permanen	t Address	:					
	(wi	th pin code)						
Degree certificate to be sent at (Tick ✓ appropriate) : Present Address ② Permanent							Address 2 Permanent Address 2		
	5.	Contact No	0.	:	Phone with std	code :			
					Mobile No.	:			
	6.	Email		:					
	7.	Year and r	nonth of passi	ng	:				
	8.	Name of C	college/Institu	te:					
	9. Examination No. of final year		year	:					
	10.	Enrollmen	t No.	:					
	11.	Aadhar No).	:					
1. 2. 3.	Dei Cor Cor	mand draft by of Declar by of Aadha	ration of PhD in Card (self at	in favou esult (s tested)	self attested)	,	Ayurved Univesity, Jamnagar'		
<u>Detail of fees:</u> (Demand draft or Cash Demand Draft : DD No.					eposited at Oniv		Dated:		
Cash		:					Dated:		

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Phone: 0288-2555155 Email: academic@ayurveduniversity.com Web: www.ayurveduniversity..edu.in (All details should be filled in Capital Letters only) Date: To, The Registrar, Gujarat Ayurved University. Chanakya Bhavan, Jamnagar (Guj.) - 361008. Sub.: Application for Original Degree Certificate of DPharm (Ayu) / DNet / DYN / PGDYN. (Tick ✓ appropriate) Sir, With reference to the subject mentioned, I request you to issue my original degree certificate of ___ ____ examination. My details are as follows: 1. Name of the student : 2. Sex : Male 🗆 Female 🗆 3. Present Address (with pin code) 4. Permanent Address (with pin code) Degree certificate to be sent at (Tick ✓ appropriate) : Present Address □ Permanent Address □ 5. Contact No. Phone with std code : Mobile No. 6. Email 7. Year and month of passing 8. Name of College/Institute 9. Examination No. of final Sem. : 10. Enrollment No. 11. Aadhar No. **Attachments:** (Tick ✓ appropriate) 1. Demand draft of Rs. 1000/- in favour of 'The Registrar, Gujarat Ayurved Univesity, Jamnagar' □ 2. Marksheet of Final Semester (self attested) 3. Copy of Aadhar Card (self attested) **Detail of fees:** (Demand draft or Cash deposited at University) DD No. Demand Draft : Dated: _____ Cash : Receipt No. Dated:

"ACCREDITED GRADE "A" BY NAAC (CGPA 3.28)"

Pho	one: 0288-2555155			³ जाने आयुर्वेट	द युनिवर्गिटी
Em	ail: academic@ayurvedunivers	Web: www.ayurveduniversitye	du.in		
(A	ll details should be filled in Cap	Date:			
Τo,					
	e Registrar,				
Gu	jarat Ayurved University.				
Cha	anakya Bhavan, Jamnagar (Guj.) – 36	1008.		
Sul	b.: Application for Duplicate	Degr	<u>ee Certificate</u> .		
Sir,					
, 11		uhiec	t mentioned I r	equest you to issue my duplicate d	legree
Cer		-		Ay details are as follows:	CBICC
	Name of the student		CX4111111411011. 1	Ty details are as follows:	
	Sex		Male □	Female □	
z. 3.		:	iviale 🗆	remaie 🗆	
э.		•			
	(with pin code)				
4.	Permanent Address	:			
	(with pin code)				
		: Present Address Permanent Addre	ess 🗆		
5.			Phone with std c		
٥.	Contact No.	•	Mobile No.		
6.	Email	•	Widdle No.	·	
	Year and month of passing				
	Name of College/Institute				
	Examination No. of final year	:			
	Enrollment No.				
	Aadhar No.				
	tachments: (Tick ✓ appropriate	(د			
	Demand draft in favour of 'Th		istrar Guiarat Δvı	rved Univesity Jamnagar'	П
٠.		_		2,000/- (2) Graduation Rs.4,000/-	
				5) For foreign students 20,000/-	
2	An Affidavit on Rs.300/- Bond		-	-	
_	Copy of original degree certifi		-	is magistrate.	_
3. 1	Marksheet of Final Year / Sem				
4.	•		,	:	
5.				itute last attended (Self attested)	
6.	Internship completion certific	•	•	•	
7.	Registration Certificate (self a		-	•	
8.	Copy of Declaration of PhD re	-	•	for PhD Students	
9.	Copy of Aadhar Card (Self atte	ested)			
D~	tail of foot: (Domand draft or C	ach d	lanasitad at Univa	rcity)	
	<u>tail of fees:</u> (Demand draft or 0 mand Draft : DD No.		•		
				Dated:	
Cas	sh : Receipt N	υ		Dated:	

ડુપ્લીકેટ સર્ટીફ્રીકેટ મેળવવા માટે રૂા.૩૦૦/– ના સ્ટેમ્પ પેપ૨ ઉપ૨ <u>સોગંદનામુ</u> (સુચિત) નમુનો

આથી હું નીચે સહી કરના૨ શ્રી	ઉમર વર્ષ					
(પુરુ નામ)						
વંધો						
(ઘંઘાનું સર	નામુ જો હોય તો)					
રહેવાસી						
(૨હેઠાણ	નું પુરુ સરનામું.)					
મારા ધર્મના સોગંદ અને સત્ય પ્રતિજ્ઞા પૂર્વક જાહેર કર્	કે છુ કે					
આયુર્વેદ યુનિવર્સિટી દ્વારા લેવાયેલ અમોને આ અંગેનું સટી. કાઢી આપવામાં આવેલ હતુ ઉપલબ્ધ નથી.	રહીએ છીએ. અમોએવર્ષમાં ગુજરાત ની પરીક્ષા પાસ કરેલ છે અને યુનિવર્સિટી દ્વારા યુ. પરંતુ તે સર્ટીફીકેટ નીચેના કારણસર અમારી પાસે હાલ					
(સર્ટીફ્રીકેટ અન ઉપલબ્ધતાનું કારણ ટૂંકમાં ઉપર જણાવવું) હવે અમારે ઉપરોક્ત સર્ટીફ્રીકેટની ના કારણસર જરૂરત ઉભી થયેલ છે. ગુજરાત બાયુર્વેદ યુનિવર્સિટીમાંથી અસલનું ડુપ્લીકેટ સર્ટીફ્રીકેટ કઢાવવાનું હોવાથી અમારી પાસેનું અસલ સર્ટી ન હોય તેના બાધાર પુરાવા માટેના કામે હાલનું આ સોગંદનામું યુનિવર્સિટીને મોકલવાનું હોય તેથી કરવામાં આવે છે. અમારા અસલ સર્ટીફ્રીકેટનો કોઈ ગેર ઉપયોગ કરેલ નથી તેમજ હવે પછી યુનિવર્સિટી દ્વારા મને મળનાર પ્લીકેટ સર્ટીફ્રીકેટનો પણ ગેર ઉપયોગ હું કરીશ નહી. જેની આથી ખાત્રી આપુ છુ. ભવિષ્યમાં અસલ સર્ટી ઉપલબ્ધ થશે તો યુનિવર્સિટીમાં જમા કરાવી આપીશ તેની ખાત્રી આપુ છુ. (સર્ટી મોવાયાના કિસ્સામાં આ પેરા રાખવાનો છે.) ખોટુ સોગંદનામુ કરવુ તે ફ્રોજદારી ગુન્હો બને છે. તે હું સારી રીતે જાણું છુ. ઉપરની તમામ હકકીત ખરી અને સત્ય છે. તે હું સોગંદ પર જાહેર કરુ છું.						
તારીખ :	સોગંદનામું કરનારની સહી					
સ્થળ :–	સાક્ષીની સહી					
નોટરીનો સહી / સિકકો વગેરે.	ઓળખાણ આપના૨ એડવોકેટ					

Format of An Affidavit on the stamp paper of Rs.300/- for issue Duplicate Certificate.

l,	the	unde	rsigned				Age		Oc	cupation
			Address	(if a	าy)			Resident	(Full	Address)
						De	clare on oa	th of relig	ion and	with true
ple	dge th	nat I, th	ne under	rsigned	l live o	n above a	ddress	Ì	have pa	ssed the
-	_			_			conduc		-	
							ssued by t			
		-					wing reasor		-	
								` 		
	No	ow	I req	uire	the	above	Certifica	te for	the	reason
	• • • • • • • • •									
Due	e to u	unavail	ability, ⁻	This af	fidavit	is being	executed a	s a proof	to subr	nit inthe
Uni	versit	y for th	ne purpo	se of is	ssue of	duplicate	certificate	of original	certifica	te.
	۱ŀ	nereby	assure 1	that I h	nave no	ot misused	d the origin	al certifica	ate and	I will not
mis	use th	ne dupl	licate ce	rtificat	e which	n is being i	ssued by th	ne Univers	ity in fut	ure also.
	In	future	e if I fi	nd the	origin	nal certifi	cate, I will	submit t	the sam	e in the
Uni					_		certificate			
		-					affidavit"		offence	. All the
abo						_	that I here			
					•	J		,	•	
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	Sig	gn of th	ne Perso	n exec	uting th	nis affidav	it:			
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	Se	al and	Sign of I	Notary						