



Provisional Registration Form

IA AYURVEDIC MEDICAL COLLEGE UNIVERSITY OF SCIENCE & TECHNOLOGY MEGHALAYA

Accredited 'A' Grade by NAAC



Photograph

Sl No:

Bachelor of Ayurvedic Medicine and Surgery (BAMS) Programme

- 1) Name of the Candidate: _____
- 2) Father's Name: _____
- 3) Mother's Name: _____
- 4) Date of Birth: _____ Sex: Male/Female/ Transgender _____
- 5) Permanent Address: _____

- 6) Address for Communication: _____
_____ E- mail: _____
- 7) Ph. No with STD code : _____ Mobile No. _____
- 8) Category : General/ SC/ST/OBC/Minority/Others _____
- 9) NEET Score-2023

Educational Qualification

Name of Exam	Board / University	Year of Passing	% of Marks	Subjects
HSLC				
H.S.				
Others				

10) Computer Skill: _____

Date:

Place:

Signature of Applicant

For office use only

Name: _____

Selected/Rejected: _____

Any other Instruction: _____

Registrar, USTM