

# AYUSH AND HEALTH SCIENCES UNIVERSITY OF CHHATTISGARH

(Established by C.G. Act. No. 21/2008)  
Phone/Fax: 0771-2263234, Website : www.cghealthuniv.com

S.No. ....

## EXAMINATION FORM



G. E. ROAD, RAIPUR (C.G.)

For Office Use:-

ROLL NO: \_\_\_\_\_

NAME OF STUDENT : \_\_\_\_\_

NAME OF COLLEGE : \_\_\_\_\_

NAME OF CLASS : \_\_\_\_\_

Rs. 100/-

**Ayush and Health Sciences University of Chhattisgarh**  
**G.E. Road, Raipur**



Examination Form - .....20.....

ROLL No. ....

ENROL. No. ....

EXAMINATION CENTRE .....

Name of Examination/Class ..... College.....

**NOTE:—**Candidate should write self, Father's and Mother's Name as shown in his previous mark-sheet.

नोट :-परीक्षार्थी स्वयं एवं माता-पिता का नाम पिछली अंकसूची में दर्शित नाम के अनुसार ही लिखें।

1. Name of Candidate : \_\_\_\_\_  
(In Eng & Hindi) in  
Capital letters. \_\_\_\_\_  
Shri/ Smt/ Ku. \_\_\_\_\_

2. (A) \_\_\_\_\_  
Father's/Husband  
Name (in Eng. &  
Hindi) \_\_\_\_\_

(B) Mother's Name : \_\_\_\_\_  
(in Eng. & Hindi)

3. Local Address : \_\_\_\_\_  
\_\_\_\_\_

4. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_

5. Category : General  S.C  S.T  O.B.C.  Handi   
(✓Tick in  
appropriate Box)

6. Status : Regular  Suppl.  Ex. Student  A.T,K.T.  Attempt

7. Date of Birth : Date   Month   Year      
( In Figure)

In words \_\_\_\_\_

8. Nationality: \_\_\_\_\_

9. Educational	Name of Year Examination	Year	Roll No.	Subject/Papers	Result	Name of/ Board University
Particulars of qualifying examination attested copy of mark sheet should be attached						

10. Name of present Examination in which you are Appearing	Date of Admission in present Examination	Theory Subject / सैद्धांतिक विषय (As per University Syllabus) (विश्वविद्यालय द्वारा निर्धारित पाठ्यक्रमानुसार)	Practical Subject प्रायोगिक विषय
		1. ....	
		2. ....	
		3. ....	
		4. ....	
		5. ....	
		6. ....	
		7. ....	
		8. ....	
		9. ....	
		10. ....	

10. If The candidate has used unfair means in the preceding examination, the decision of the competent authority for appearing in this examination be enclosed in original.

11. Students should ensure their eligibility for the said exam. Examinations & its results will stand cancelled if students are found ineligible for it, at any time subsequently.

Examination ----- Year ----- Roll No. ----- Decision -----

Signature of Candidate

Mobile No. -----

**Forwarding**

I certify that Shri/Smt/Ku. ....  
 Father/Husband Shri .....  
 is regular/supply./A.T.K.T./Ex. candidate of the college and he is eligible to appear in  
 ..... Examination 20.....All the certificates and testimonials have  
 been checked by me and I certify that the information given by the candidate is true.

In this examination eligible to appear/not eligible to appear in this examination due to shortage  
 attendance.

Its is verified that students is eligible for appearing in this examination.

Examination application form and biodata form is hereby forwarded for necessary action.

Date : .....

Signature of Principal

Seal

