DIRECTORATE OF TECHNICAL EDUCATION & STATE DESIGNATED COUNSELLING AUTHORITY
APPLICATION FORM FOR ADMISSION TO POST GRADUATE DEGREE COURSES IN AYURVEDA (STRAY ROUND)

REG.NO.				Affix photograph
EMAIL ID:				
AADHAR CARD NO.				

INSTRUCTIONS TO CANDIDATES:

1. *Candidates must submit application Form, on email to **dtegoaadm-deg@gov.in** with the subject **'PG AYUSH'**, along with, scanned copy of the filled Application Form, in pdf format, together with self attested copies of required documents, and proof of payment of application fee of **Rs.3000/-** through the HDFC Bank payment (scrolling) link provided on DTE website, from **17/11/2025 to 28/11/2025.** Applicant can also submit their application form at Directorate of Technical Education, Porvorim during above period.*
2. **This form is to be submitted ONLY by eligible applicants who have NOT submitted their application forms for admissions earlier.**

1. NAME OF THE CANDIDATE: [*In Block letters as recorded on BAMS MARKSHEET*)

1.CATEGORY & GROUP APPLIED FOR
[Encircle the appropriate box (es)]

GEN

GROUP	**I**	**II**	**III**	**IV**

3.DATE OF BIRTH:

5.GENDER:	**FEMALE**		**MALE**		**OTHERS**	

(Tick the appropriate box)

4. NATIONALITY	

6. PERMANENT ADDRESS		**7.CONTACT NOS.: 1**									
		CONTACT NOS.: 2									

2. ACADEMIC MERIT:

A) AIA PGET - 2025 DETAILS:

BAMS DETAILS :

INSTITUTION:-_____

UNIVERSITY:- _____

YEAR OF PASSING:- _____

AIA PGET -2025 ROLL NO.:											

AIA PGET 2025 AIR :							**AIA PGET 2025 SCORE:**		**AIA PGET 2025 PERCENTILE:**	

B) INTERNSHIP TRAINING :-

NAME OF THE INSTITUTE & UNIVERSITY	**INTERNSHIP TRAINING PERIOD**	
	FROM	**TO**

C) DETAILS OF OTHER POSTGRADUATE EXAMINATIONS PASSED (IF APPLICABLE)

COURSE	**YEAR OF PASSING**	**INSTITUTE**	**UNIVERSITY**

D) WHETHER REGISTERED FOR ANY COURSE (S) PRESENTLY/PREVIOUSLY

I)IF YES GIVE DETAILS:_____

COURSE	**YEAR OF PASSING**	**INSTITUTE**	**UNIVERSITY**

*II) WHETHER COMPLIED WITH AGREEMENT OF BOND ETC., IF ANY.:*_____

9. DETAILS OF WORK EXPERIENCE (IF ANY):

POST HELD	**DEPARTMENT**	**INSTITUTION**	**FROM**	**TO**

10. PERMANENT REGISTRATION WITH STATE AYUSH COUNCIL:

NAME OF THE NATIONAL COUNCIL FOR INDIAN SYSTEM OF MEDICINE				
REG. NO.				
DATE OF REGISTRATION				

OPTION FORM FOR SUBMITTING CHOICE, IN ORDER OF PREFERENCES OF COURSES

All applicants for admissions to Post Graduate Courses MUST submit their Choice of courses for admissions to Post Graduate Degree Programmes, in their Order of Preference, by writing the 4 letter code for the courses opted for :

(Refer below list of courses with their 4 letter code):

LIST OF POSTGRADUATE DEGREE PROGRAMMES OFFERED AT ALL INDIA INSTITUTE OF AYURVEDA, DHARGAL AND GOMANTAK AYURVEDA MAHAVIDYALAYA & RESEARCH CENTRE, SHIRODA-GOA

SR. NO	NAME OF PG DEGREE PROG.	NOS. OF STATE QUOTA SEATS	NO OF SEATS & COURSE CODE	
			AIIA, DHARGAL	GAMRC, SHIRODA
1	AYURVEDA SAMHITA AND SIDDHANTA	02	02- ASSA	---
2	KRIYA SHARIR	01	01 - KSHA	---
3	RACHNA SHARIR	02	02 - RSHA	--
4	AGADA TANTRA	01	01 - ATAA	--
5	RASASHASTRA AND BHAISHAJYA KALPANA	06	01 - RBKA	05 - RBKG
6	DRAVYA GUNA	02	02 - DRGA	---
7	ROGA NIDANA & VIKRITI VIJNANA	01	01 - RNVA	---
8	KAYACHIKITSA	06	01 - KYCA	05 - KYCG
9	KAUMARABHRITYA	02	02 - KMRA	---
10	PANCHKARMA	01	01 - PCHA	---

Note:- Candidates will be considered for allotment to seats, only which they have opted for, as their Choice, in order of preference as above. Hence, candidates are advised to exercise utmost care and caution in filling up their choices. Since Admission Committee shall allot seats to courses on merit as per the choices exercised above by the applicants, all applicants are therefore advised to opt for maximum number of courses(12-max)as they will NOT be considered for allotment to courses, which they have NOT opted for.

CHOICE OF COURSES

1st Choice - ☐ ***7th Choice-*** ☐

2nd Choice - ☐ ***8th Choice-*** ☐

3rd Choice - ☐ ***9th Choice -*** ☐

4th Choice - ☐ ***10th Choice -*** ☐

5th Choice - ☐ ***11thChoice -*** ☐

6th Choice- ☐ ***12thChoice -*** ☐

DECLARATION

I, Dr. _____, declare that the choices indicated by me above is final, and any allotment of the course by the Admission Committee, as per Merit, based on the above choices, shall be binding on me.

PLACE: _____

_____

(Signature of the Applicant)

DATE: _____

_____

Name as signed (Write in Capital letters)

11. DECLARATION OF APPLICANT

Certified that I, Dr. _____, am an Indian National/OCI, and have read and accepted the provisions of the Rules, and have enclosed the self-attested copies of all the certificates in proper order as required, and submitted the application complete in all respects. In the event of my application found to be deficient or incomplete, and rejected by Admitting Authority, I shall be held responsible for the same.

I, Dr. _____,do hereby solemnly declare that the particulars furnished above are true, complete, and correct to the best of my knowledge and belief. I am fully aware that in the event of any information being found false or incorrect, or ineligible, being detected before or after the admission, appropriate action as deemed fit, by the Competent Authority, can be taken against me.

PLACE: _____ _____

(Signature of the Applicant)

DATE: _____ _____

Name as signed (Write in Capital letters)

ADDRESS : _____

_____

MOBILE: _____ *(PROVIDE MOBILE NO. WHERE APPLICANT CAN BE CONTACTED)*

ADDITIONAL MOBILE NO. / LANDLINE NO.: _____

12. CHECK LIST FOR THE DOCUMENTS TO BE ATTACHED

1. Please attach self- attested xerox copies of the certificates in following order and **tick** appropriately.
2. No **original** document should be attached, as the admission committee shall not be responsible for loss of original document.
3. Application form is to be submitted by the notified date.

Sr. No.	Documents to be submitted	Attached	Checked
1.	Photograph on the form		
2.	Birth Certificate		
3.	BAMS Passing and Degree certificate		
4.	Statement of marks obtained at First, Second and Third/Final BAMS examination.		
5.	Certificate of completion of one year Compulsory Rotatory Internship Training.		
6.	Medical Fitness Certificate		
7	Certificate of complete Hepatitis-B vaccination		
8.	Bonafide certificate and Character and Conduct certificate at BAMS course.		
9	Copy of AIA PGET ADMIT CARD, RANK and SCORE CARD		
10	NOC from present employer stating that applicant will be relieved/deputed immediately if selected for PG Course.		
11	Certificate of Permanent Registration with NCISM/ STATE COUNCIL		
12	Provisional Eligibility Certificate from Goa University (for applicants other than Goa University)		
13	Certificate for reserved category claimed viz. EWS, ST, OBC, PwD etc.		
14	Copy of Aadhaar Card		
ADDITIONAL DOCUMENTS			