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9) 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.:

DIRECTORATE OF TECHNICAL EDUCATION, ALTO-PORVORIM, GOA, 403512, WEBSITE: www.dte.goa.gov.in

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 3 letter code for the courses opted for :
(Refer below list of courses with their 3 letter code):*

LIST OF POSTGRADUATE DEGREE PROGRAMMES OFFERED AT ALL INDIA INSTITUTE OF AYURVEDA, DHARGAL

SR. NO	NAME OF PG DEGREE PROG.	NOS. OF STATE QUOTA SEATS	PROGRAMME CODE
1	AYURVEDA SAMHITA AND SIDDHANTA	02	ASS
2	KRIYA SHARIR	02	KSH
3	RACHNA SHARIR	01	RSH
4	AGADA TANTRA	03	ATA
5	RASASHASTRA AND BHAISHAJYA KALPANA	02	RBK

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(05-max) as they will NOT be considered for allotment to courses, which they have NOT opted for.

CHOICE OF COURSES

1st Choice -

2nd Choice-

3rd Choice -

4th Choice-

5th Choice -

DECLARATION BY APPLICANT

I, Dr. _____, declare that the choice of courses 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.

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.

I, Dr. _____, affirm that I comply with the eligibility criteria as per AACCC Counselling Scheme 2024 and am not holding any seat allotted during earlier rounds of AACCC/State/ UT PG Counselling for academic year 2024-2025, and my name is not listed as ineligible to participate in AACCC Counselling.

I understand that if I am allotted a seat based on wrong information submitted by me, that I am not holding any seat, the seat allotted to me earlier, as well as the present seat allotted to me shall stand cancelled, and I will not be eligible to participate in further AYUSH PG Counselling (Centre/ State/ UT) 2024, and I shall be liable for appropriate disciplinary action, as deemed fit by counselling Authority/AACCC.

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

Please attach self- attested xerox copies of the certificates in following order and **tick** appropriately.

No **original** document should be attached, as the admission committee shall not be responsible for loss of original document.

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 and/or SSC Passing Certificate/Passport		
3.	12 th Pass Certificate		
4.	BAMS Passing and Degree certificate		
5.	Statement of marks obtained at First, Second, Third (Part I and Part II) and/or Fourth BAMS examination.		
6.	Certificate of completion of one-year Compulsory Rotatory Internship from CCIM/NCISM recognized College		
7.	Medical fitness Certificate from Registered Medical Practitioner		
8.	Leaving/Transfer Certificate and/or Migration certificate at BAMS course.		
9.	Copy of AIAPGET 2024 ADMIT CARD, RANK and SCORE CARD		
10.	Certificate of Permanent Registration with STATE/CENTRAL COUNCIL		
11.	Certificate for reserved category claimed viz. EWS, ST, OBC, PwD etc. as per State Govt. norms		
12.	Copy of Aadhaar Card		
13.	Copy of PAN CARD		
ADDITIONAL DOCUMENTS (TO BE SUBMITTED AT THE INSTITUTE AT THE TIME OF REPORTING)			
1.	Surety Bond of Ten Lakhs Rupees as per the prescribed format		
2.	Gap Certificate/affidavit if there is discontinuation of education more than 6 months period prior to the date of counseling		

