

**BOARD OF AYURVEDIC AND UNANI SYSTEMS OF MEDICINE, PUNJAB**  
**APPLICATION FOR PROVISIONAL REGISTRATION AS AYURVEDIC/UNANI UPVAID.**

To

The Registrar,  
Board of Ayurvedic & Unani Systems of Medicine,  
Punjab

Sir,

I am to request you that my name may be Provisionally registered for completion of internship training as Ayurvedic/Unani Upvaid in the Register maintained under the scheme of provisional registration of Ayurvedic/Unani Upvaids in Punjab. Necessary particulars concerning my case are given here below for your information record and necessary action:-

1. Name of the applicant .....
2. Father's name .....
3. Mother's name .....
4. Date of Birth .....
- (Attach a copy of certificate in support of Date of Birth)
5. Nationality .....
6. Permanent Residential address along with Phone No. ....  
.....  
.....
7. Correspondence address .....
- .....
- .....
8. Years of passing Matriculation Examination or equivalent (attach original certificate with an attested/self attested photocopy).....
9. Years of passing 10+2 Examination or an equivalent to 10+2 examination (attach original certificate with an attested /self attested Photocopy).....  
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10. (a) Name & Address of the recognized Faculty/Board/University in respect of Ayurvedic and Unani Systems of Medicine which awarded the diploma/certificate .....
- (b) Name of the Institution where studied .....
- (c) Name of the State where studied.....
- (d) Period of study in the institutions: .....
- (e) Name of examination passed: .....
- (f) Year in which passed:
11. Name of Hospital/Dispensary  
Where internship training is allowed/completed.....
12. Duration of internship.....
13. (a) 800/- Rupees (Including Certificate & Identity Card) for making entry in the register have been sent vide draft No..... dated.....  
(b) In case the fee paid in cash official receipt No..... dated.....

Signature of applicant.