**Application No**

**Simplified Proforma for Services under RTS Act. 341**

**Part -1**

|  |  |  |
| --- | --- | --- |
| 1 | Name of Service  | Registration of Candidate qualified from other State’s Board. |
| 2 | Name of Department/ Service Provider (Pre-filled into the system) | Medical Education and Research - Board of Ayurvedic and Unani Systems of Medicines Punjab |

 **Part -2**

|  |  |  |
| --- | --- | --- |
| 1 | Name of Applicant  |  |
| 2 | Husband / Father’s / Mother’s Name |  |
| 3 | Permanent Address |  |
| 4 | Correspondence Address |  |
| 5 | Correspondence Phone No. |  |
| 6 | Correspondence e-mail |  |
| 7 | Adhaar Card No. (Attach Copy) |  |

 **Part -3
Information / Documents required specific to the service**

**Information**

|  |  |  |
| --- | --- | --- |
| 1 | Name of beneficiary, if not applicant. (Adhaar card of beneficiary. Attach Copy) |  |
| 2 | Relationship with applicant |  |
| 3 |  |  |

 **Documents Required Submitted Tick (√) / Yes**

|  |  |  |
| --- | --- | --- |
| 1 | Form for Permanent Registration Appendix ‘A’ |  |
| 2 | Appendix ‘D’ |  |
| 3 | Form of Declaration |  |
| 4 | Two Passport size photographs |  |
| 5 | Address proof (Aadhar Card/ Voter Card/ License/ self attested Affidavit) |  |
| 6 | Matric Certificate (Date of Birth Proof) (DMC) |  |
| 7 | Senior Secondary DMC |  |
| 8 | B.A.M.S. Ist Prof. DMC |  |
| 9 | B.A.M.S. IInd Prof. DMC |  |
| 10 | B.A.M.S. IIIrd Prof. DMC/ Copy of result |  |
| 11 | Internship Completion Certificate |  |
| 12 | Character Certificate |  |
| 13 | NOC from other State Board |  |
| 14 | Fees |  |
|  | **All Documents submitted should be self Attested** |  |

I, hereby declare that all the information given above is true to best of my knowledge. If any information found wrong then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Application Receipt No. |  | 4. | Date by which Service to be provided |  |
| 2 | Service asked for  |  | 5. | Fees/Facilitation Charges, if any |  |
| 3. | Date of Application  |  | 6. | Signature of authorised official |  |