

**GOVERNMENT OF KERALA**  
**DIRECTORATE OF AYURVEDA MEDICAL EDUCATION**  
**APPLICATION FOR AYURVEDA PHARMACIST/NURSING/ THERAPIST CERTIFICATE**  
(Read the instructions carefully)

Rate of Fee for Certificate. Rs. 205/-  
Head of Account : 0210-03-101-98 *Examination fees and Other Receipts*

1.Name of the Candidate (IN BLOCK LETTERS)		
2.Permanent Address of the candidate	Communication Address of the candidate	
3.Male/Female		Contact Ph. no.
4. Name of Father/Mother/Guardian with relationship		
5. Age & Date of Birth	Age	Date of Birth
6. Religion, Community and sub division, if any		
7. Whether belonging to SC/ST/OBC/OEC, specify		
8. Examination Passed (for which certificate is required)		
9.Register Number(s) and Year of passing		
10. Marks obtained in each Paper		
11. Name of the College in which the candidate has studied for the Course.		
12. Examination Centre		
13. Details of Fee remitted .( Chalan Receipt No. & Date, Name of the Treasury Branch)		

**I hereby declare that the entries made above are correct to the best of my knowledge and belief.**

Station:

Date:

Signature of the Candidate

**For Office Use Only**

Verified by

Clerk

Jr. Superintendent/ Sr. Superintendent/Accounts Officer/A.A.

Director

**Documents to be submitted along with the application for Certificate**

Self Attested Photocopies of the S.S.L.C Book, Hall Ticket Original, Mark list of Pharmacist/Nursing/Therapist

1. Original Chalan Receipt
2. Self Addressed Stamped envelope (stamp worth Rs.65/-)