



आयुर्वेद शिक्षण एवं अनुसंधान संस्थान  
Institute of Teaching and Research in Ayurveda  
(राष्ट्रीय महत्व का संस्थान, आयुष मंत्रालय, भारत सरकार)  
(Institute of National Importance, Ministry of Ayush, Government of India)  
**परीक्षा अनुभाग - EXAMINATION SECTION**

"बी" डिविजन पुलिस स्टेशन के सामने, गुरुद्वारा रोड, जामनगर-361 008  
Opp. B - Division Police Station, Gurudwara Road, Jamnagar - 361 008

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**अंतिम पीएच. डी. पदवी प्रमाणपत्र प्राप्त करने के लिए आवेदन पत्र**  
**Application to obtain Provisional Ph.D. Degree Certificate**

सेवा में,  
परीक्षा नियंत्रक,  
आयुर्वेद शिक्षण एवं अनुसंधान संस्थान, जामनगर।

To,  
The Controller of Examination,  
Institute of Teaching and Research in Ayurveda, Jamnagar.

महोदय, Sir,

मैं अधोहस्ताक्षरी आपसे अनुरोध करता/करती हूँ कि कृपया मुझे मेरे शैक्षणिक विवरणों के लिए अंतिम पीएच. डी. पदवी प्रमाणपत्र जारी करने की कृपा करें:

I the undersigned request you to kindly issue me the provisional Ph.D. degree certificate for my below mentioned academic particulars.

नाम: Name:																														
पता : Address:																														
	पिन कोड Pin code: <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																													
मोबाइल नंबर: Mobile number:																														
पीएच. डी. पंजीकरण संख्या: Ph.D. Registration number:																														
पदवी का चयन करें <input checked="" type="checkbox"/> Select the degree <input checked="" type="checkbox"/>	<input type="checkbox"/> Ph.D.-Ayurvedyavaridhi <input type="checkbox"/> Ph.D.-Pharmacy <input type="checkbox"/> Ph.D.-Medicinal Plants <input type="checkbox"/> Ph.D.-Allied Science <input type="checkbox"/> Ph.D.-Trans disciplinary																													
विशेषज्ञता : Specialization																														
पीएच. डी. मौखिक परीक्षा का दिनांक : Date of Ph.D. Viva Voce:																														

मेरी जानकारी अनुसार ऊपर दी गई माहिती सत्य और सही है, यदि गलत पाई जाती है तो मैं संस्थान के निर्णय का पालन करूंगा/करूंगी।

Information stated above is true and correct to the best of my knowledge and if it is found to be false, I shall abide by the decision of the institute.

आवेदक के हस्ताक्षर  
Signature of the applicant  
दिनांक:  
Date: .....  
स्थल:  
Place: .....

Instructions:

1. Pay fees Rs.500/- [NON-REFUNDABLE].
2. Demand draft on the name of Institute of Teaching and Research in Ayurveda, Jamnagar
3. Submit this form along with the self-attested copy of the Declaration of Result provided by the Institute.
4. Incomplete application will not be entertained.
5. The application should be made and signed by the candidate himself/herself. Application made by a person other than the candidate will not be entertained.
6. Amended documents will be issued to the candidate by Register A.D. or "In Person" only on production of the identity card. In case the candidate is unable to present in person, the written authority from the applicant should be produced along with the copy of ID proof with signature of the student as well as valid photo identity-card of the authorized person collecting the documents on behalf of students.
7. Attach hard copy of transaction details of online payment.