



डॉ. सर्वपल्ली राधाकृष्णन
राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर
प्रशासनिक खण्ड नागौर रोड, कडवड़, जोधपुर (पिन नं. 342037)



क्रमांक :- रा.आ.वि./एके./एफ-5/सामान्य/()/१५२०

दिनांक: 19/10/2024

कार्यालय आदेश

डॉ. एस.आर. राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर के समस्त संघटक एवं सम्बद्धता प्राप्त राजकीय/निजी आयुर्वेद/यूनानी/होम्योपैथी/योग एवं प्राकृतिक चिकित्सा एवं बी.एससी. नर्सिंग (आयुर्वेद) महाविद्यालयों में अध्ययनरत छात्र/छात्रों से निर्देशानुसार AYUSH COURSES DISCONTINUATION BOUND FORMAT भरवाए जाने हेतु निर्देश प्रदान किए जाते हैं।

संलग्न :- उपरोक्तानुसार (बॉर्ड की प्रति)।

कुलसचिव

क्रमांक :- रा.आ.वि./एके./एफ-5/सामान्य/()/१५२१-१५२४

दिनांक: 19/10/2024

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है :-

1. निजी सचिव, माननीय कुलपति महोदय, डॉ. एस.आर. राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर
2. परीक्षा नियन्त्रक/उपकुलसचिव, डॉ. एस.आर. राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर
3. निर्देश/प्राचार्य, समस्त संघटक एवं सम्बद्धता प्राप्त राजकीय/निजी आयुर्वेद/यूनानी/होम्योपैथी/योग एवं प्राकृतिक चिकित्सा एवं बी.एससी. नर्सिंग (आयुर्वेद) महाविद्यालय, डॉ. एस.आर. राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर
4. विधिक शाखा, डॉ. एस.आर. राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर
5. रक्षित पत्रावली।

कुलसचिव

Signature valid

Digitally signed by Mangala Ram
Designation: Comptroller Finance
Date: 2024.10.18 10:08:43 IST
Reason: Approved



सूचना
वेबसाइट पर अपलोड मल्लिकार्जुन

19.10.24

प्राचार्य/निदेशक

पोस्ट ग्रेजुएट इन्स्टीट्यूट ऑफ आयुर्वेद

डॉ. सर्वपल्ली राधाकृष्णन् राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर

AYUSH COURSES DISCONTINUATION BOUND FORMAT

UNDERTAKING/BOUND FOR GENERAL/RESERVED/NRI

(To be submitted on a Legalized /Notarized Rs.500 Non-Judicial Paper)

Affidavit

I, Mr./Ms----- (Name of the candidate) aged about-----
--years, S/D/o----- (Name of Parents), resident of-----
----- (Permanent address of
parents) do hereby swear an oath as follow:

I have been selected to the BAMS/BHMS/ BUMS/BNYS/BSc Nursing course at Dr. S.R.R.A.U. Jodhpur through the common counselling conducted by the Medical counselling committee (MCC) of Directorate General of Health Services (DGHS), Government of India (Gol), New Delhi, Neet counseling Board, Govt of Rajasthan through NEET/Rajasthan Ayurved Nursing council Jaipur (RANC) Rank No.----- (All India Rank) NEET Roll No.-----

I, affirm and state that on my own will and concurrence of my parents/guardian took admission to the BAMS/BHMS/BUMS/BNYS/BSc Nursing course, at Dr. S.R.R.A.U. Jodhpur as per the online allotment letter of (MCC) of DGHS, Gol /Letter Dated----- & Neet counseling Board, Government of Rajasthan Letter Dated-----

I, affirm and state that in consideration of admission to 1st year BAMS/BHMS /BUMS/BNYS/BSc Nursing I shall complete the BAMS/BHMS/ BUMS/BNYS/BSc Nursing course and accordingly undertake to tuition and other fee as demanded by Dr. S.R.R.A.U. Jodhpur/ Ayush Medical science Dr. S.R.R.A.U. Jodhpur time to time.

In event of my discontinuation of BAMS/BHMS /BUMS/BNYS/BSc Nursing course due to any reason. I along with my parent/ guardian hereby undertake to pay balance tuition and another fee to Dr. S.R.R.A.U. Jodhpur payable for the entire course without any objection. Internship, Stipend which is given by Govet. Should paid. In any other condition you are not entitle for Internship Stipend. I also understand that the original documents submitted to the Institute at the time of admission, will be returned to me only after the payment of balance tuition and other fee of the full course.

The above stated statements are true and correct to the best of my knowledge. I along with my parent/ guardian do hereby undertake to act accordingly. This, the ----- (date) day-----
Month of----- year at New Delhi.

| | |
|--|--|
| Please paste recent colored passports size photograph of the candidate | Please past recent colored passports size photograph of the parent/ Guardian/Husband/Wife of the candidate |
|--|--|

Signature of the candidate
parent/Guardian/Husband/Wife
Name-----
Mobile No.-----
Email ID-----

signature of the
Name-----
Mobile No-----
Email ID-----

(1) Witness signature
Name-----
Mobile No.-----
Email ID-----

(2) Witness signature
Name-----
Mobile No.-----
Email ID-----