



**GOVERNMENT OF KERALA**

**DIRECTORATE OF AYURVEDA MEDICAL EDUCATION  
APPLICATION FOR ADMISSION TO THE CERTIFICATE COURSE IN  
REGIMENTAL THERAPY (2024-2025)**

(Read the prospectus and instructions carefully before filling the application form)

Name of applicant in full	In Block letters	
	In Mother tongue	
Details of application fee remitted (Attach receipt)		
Receipt No. And Date	Amount paid	Affix passport size photograph Duly attested by a Gazetted Officer
		(Name and Designation of the Attesting Officer with office seal)
Age and Date Birth of the applicant (age as on 01/05/2024)		
Sex (Male or Female or Transgender)		
Native district of the applicant		
No. of chances taken for pass the qualifying examination (1/2/3/4)		
Additional Qualifications, if any (Attach attested copies of Certificates from Pre- Degree/Plus Two onwards)		
Total Marks/Grade Secured in S.S.L.C Examination		
Whether studied Urdu if yes, Give details		

Details of marks/Grade Secured in S.S.L.C Examination (Enter subjects as in the mark list/Certificate).  
 (Candidates who have passed the S.S.L.C. Examination before the introduction of Grading system should convert their marks into Grade as per Clause I of the Prospectus)

SI No	Name of subject	Marks		% of marks secured	Grade secured	Grade Point value
		Maximum	secured			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Are you eligible for reservation of seats? (Answer Yes or No)	
If the answer is Yes, specify the category as specified in the notification and the certificate issued by the Revenue Officer.	
Annual family income of the applicant (Fill up as certified by the Revenue Officer) Applicable to candidates seeking admission against reserved seats)	
Are you Differently Abled (Answer Yes or No)	
Address of the applicant to which communications should be sent with Pin Code (In Block Capitals)	



No.....

Officer of the.....

Place:

Date:

### CERTIFICATE

Certified that Sri/Smt.....  
Son/daughter of Sri/Smt.....  
..... (Address  
with Village, Taluk and District) is a permanent resident of  
.....district  
And a Native of Kerala.

2. Certified that Sri/Smt .....  
Belongs to ..... (Religion)  
.....(Community)

Which is included in the list of O.B.H/O.B X'ian/Latin Catholic other than Anglo Indian/  
Scheduled Caste/Scheduled Tribe (Strike out the portion not applicable).

3. The annual family income of Sri/Smt.....  
is estimated to be Rs..... (Rupees.....)  
.....) from  
all source.

Dated Signature with Name & Designation

(Office Seal)

Note:- 1. This certificate must be signed by a Revenue Officer not below the rank of a  
Tahsildar

2. Para 2 and 3 are not necessary for forward communities.

3. Para 3 is not necessary for SC/ST.

