

NOMINEE FORM

Nomination by the Alumni Member:

ALUMNI NAME:

Details of the Candidate Recommended for Award

NAME (full name in Capital Letters)	
Date of birth	
Gender	
Contact no	
email.id	
Address for Communication	
Year of Passing BAMS/MD	
Speciality (if M.D) Present Status	
ACHIEVEMENTS (Enclose Documents)	
Alumni Awards [Mark (√) the Category Applied for]	
	<input type="radio"/> Saadhak Vaishistya- (Contribution towards outstanding Industrial Excellence).
	<input type="radio"/> Chikitsa Vaishistya- (Contribution in Ayurvedic Clinical Practice).
	<input type="radio"/> Aacharya Vaishistya (Contribution towards outstanding Academic excellence).
	<input type="radio"/> Life Time Achievement Award.
For the Year	<input type="radio"/> 2017-18 <input type="radio"/> 2018-19

Signature