**The University of Trans-Disciplinary Health Sciences and Technology**

#74/2, Jarakabande Kaval, Post Attur via Yelahanka, Bengaluru, Karnataka 560064

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| Title: Diploma program in “Hasthyadi Ayurveda Visharada”AffixPP Size Photograph&Sign Below(Do not sign across the face)Application Form 2024**Application Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Student Name (In capital letters):** |
|  |  |  |
| **Sex:** Male / Female | **Date of Birth:**  | **Age:**  | **Nationality:** |
| **Permanent Address:** |
|  |
| **Mobile Number:**  | **Landline :**  |
| **E-Mail: Aadhar No.:** |
| **Correspondence Address:**  |
|  |
| **Landline :**  |
| **Father’s Name:** | **Occupation:** |
| **Mother’s Name:** | **Occupation:** |
| **Category :** *[ ]* General*[ ]* SC *[ ]* ST *[ ]* OBC *[ ]* Differently able |
| **Current status: student/employed/self employed/house wife/others**  |
| **Annual income:**  |
| **Educational Background:** |
| **Degree** | **Board / Institute / University**  | **Year** | **Class / Grade** | **% / GPA** |
| Grade 10 |  |  |  |  |
| Grade 12 |  |  |  |  |
| Bachelor’s Degree  |  |  |  |  |
| Any Others |  |  |  |  |
|  |  |  |  |  |

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| **Enclosures** (Tick and enclose self-attested copies of the following) |
| * **Grade 10**
 | *[ ]*  |
| * **Grade 12**
 | *[ ]*  |
| * **Bachelor’s Degree Certificate**
 | *[ ]*  |
| * **ID proof**
 | *[ ]*  |
| * **Address proof**
 | *[ ]*  |
| * **2 copies of passport size photos**
 | *[ ]*  |
| **Application Fees Payment details:****Application Fee: 500/- ( Rupees Five Hundred only)**Fees cab be **paid online:** [**https://www.tdu.edu.in/online-fee-payment**](https://www.tdu.edu.in/online-fee-payment)**NEFT** to the following TDU bank account: A/C Name ​: ITDHST GENERAL FUNDA/C NO : 0694104000134705IFSC CODE : IBKL0000694MICR CODE: 560259014Branch: No 9, Dinakaran Complex, Hig, Sector A, Yelahanka New Town, Bengaluru, Karnataka 560064

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| **Particulars** | **Fee** | **Reference No.** | **Bank details** | **Name** |
| **Application Fee** | 500/- |  |  |  |

**Declaration**I hereby declare that I have carefully read the instructions and particulars supplied to me and that the entries made in this application form are correct to the best of my knowledge and belief. If selected for admission, I promise to abide by the rules and discipline of the Institute.I note that the decision of the Institute is final in regard to selection for admission and assignment to a particular School and field of study. The Institute shall have the right to expel me from the Institute at any time after my admission, provided it is satisfied that I was admitted on false particulars furnished by me or my antecedents prove that my continuance in the Institute is not desirable. I agree that I shall abide by the decision of the Institute, which shall be final. |
| **Place:****Date:** | **Applicant’s Signature** |

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| For office use |
| Application received date | Approved by |
|  |  |