

**GOVERNMENT OF MANIPUR  
DIRECTORATE OF AYUSH, LAMPHELPAT**

Application form for enrolment

Receipt No .....

Date .....

(For office use)

To

The Director (AYUSH)  
Directorate of AYUSH, Lamphelpat

Subject: Enrolment of AYUSH Doctors.

Affix a recent  
passport size  
photograph

Sir,

I hereby request that my name and other particulars mentioned below may be enrolled in the compilation of qualified AYUSH Doctors of the State.

1. Name of the Applicant (in BLOCK letters):
2. Father's / Husband's Name :
3. Mother's Name :
4. Gender :
5. Nationality :
6. Date of Birth (date, month, year) :
7. Address
  - a. Residential address :
  - b. Permanent Address :
  - c. Address of the College/Institution :
8. Qualification(AYUSH) :
9. Additional qualification (PG/Diploma etc) :
10. Telephone No. / Mobile No. / Fax No. :  
Email ID (mandatory)
11. Any information in connection with :  
Profession:(either retired/in service/private  
Practitioner/clinic cum business/job seekers/  
attaches to any Hospital or clinic etc.)

Date .....

Signature of the Applicant.

**Documents to be enclosed:**

- i. Date of Birth Certificate
- ii. Certificate of qualifying Examination (AYUSH Courses)
- iii. Two recent passport size photographs with name and signature at the backside.

(for office use only)

Received the above documents.

Signature of registered person.....

Name.....

Date.....