



**APPLICATION FORM FOR
One Year certificate Course of Panchakarma Assistant
Session: 2025 -2026**

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➤ **Personal Information**

1. Full Name: _____

2. Date of Birth: _____ / _____ / _____ (DD/MM/YYYY) 3. Gender: Male Female Other

4. Father's Name: _____

5. Mother's Name: _____

6. Category: General SC ST OBC 6.a) Sub-Caste : - _____

7. Aadhaar Number: _____

8. Address:
Village/Town: _____ Post Office: _____

Police Station : _____ District: _____

State: _____ PIN Code: _____

9. Phone Number: _____ Whatsapp No : _____

10. Email ID (if any): _____

11. Educational Qualifications

Qualification	School/ College	Board/University	Year of passing	Percentage/CGPA
10 TH (SSC)				
12 TH (HSC)				
OTHERS				

➤ **Medical Fitness Declaration**

- Do you have any medical condition that may affect your ability to perform Panchakarma procedures? Yes No
- If yes, please specify: _____

Declaration by the Applicant

I, _____, hereby declare that the information provided above is true and correct to the best of my knowledge. I agree to abide by the rules and regulations of Ramakrishna Mission Ashrama, Saragachi if selected for the course.

Date: _____ Signature of the Applicant: _____

For Office Use Only

Application Received On: _____ Application Status: Approved Rejected
Remarks (if any): _____

Signature of the Admission Officer: _____