



RAMAKRISHNA MISSION ASHRAMA, SARAGACHI
(THE FIRST BRANCH CENTRE OF RAMAKRISHNA MISSION: ESTD:IN 1897 A.D)
P.O.- Sargachi Ashrama, Dist.- Murshidabad (W.B.), Pin-742408. INDIA

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: _____