



KERALA UNIVERSITY OF HEALTH SCIENCES

Application for MSc Sports Medicine Ayurveda (Advanced MSc Programme) (Part time) 2026 Admission under School of Fundamental Research in Ayurveda, Trippunithura

1. Name of the Applicant	
2. Date of Birth	3. Age
4. Gender (Tick whichever is applicable)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG
5. Community	<input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST
6. Are you working in any KUHS-affiliated Institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, FEP ID: _____
7. Present Official Address	PIN: _____
Residential Address	PIN: _____
8. Phone No. with STD Code	
9. Mobile No.	
10. Email ID	

11. Educational Qualifications

Qualification	Year of Passing	College / Institution	University
Degree			

PG Diploma			
PG Degree			
Others			
12. Are you a Service Candidate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, whether NOC from Controlling Officer is submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No (*NOC is mandatory at the time of admission*)		

13. Professional and Job Details (Service Candidates)

Designation	College / Institution	Date of Joining	Date of Relieving

14. Professional and Job Details (Non-Service Candidates)

Designation	Institution	Years of Experience
15. Fellowships and Other Achievements		<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please give brief details of research experience and list your publications (if any):

Research experience	<p>Involvement in research projects (Please specify your status as Principal investigator/investigator / co- investigator)</p> <p>1.</p> <p>2.</p>
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	3. Presentations in state/ national/zonal conferences 1. 2. 3.
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Publications (Latest only)	1. 2. 3. 4. 5.
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16. Details of Remittance

Fee Amount (₹)	
Bank Name	
Remittance Details	
Date of Remittance	

Declaration

I hereby declare that the information provided above is true to the best of my knowledge. I agree to abide by the rules and regulations of the M.Sc. Sports Medicine Ayurveda (Advanced MSc Programme) (Part- Time) course laid down by the University from time to time.

Date: _____

Signature:

Place: _____

Name: