



ABHILASHI AYURVEDIC COLLEGE AND RESEARCH INSTITUTE

Chail Chowk, Tehsil Chachyot, Distt-Mandi (H.P.)

Email: abhilashigroup@gmail.com, website: www.abhilashi-edu.in

NO DUES FORM FOR BAMS STUDENTS

Name: _____ Course: _____ Year: _____

Branch: _____ Roll No:

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Department	Name	Signature with date
Sharir Rachana		
Sharir Kriya		
Samhita and Sanskrit Sidhant		
Dravyaguna		
Rasashastra		
Agada Tantra		
Rog Nidan		
Kaumarbhritya		
Swasthavritta		
Kayachikitsa		
Prasuti Tantra		
Panchakarma		
Shalya Tantra		
Shalakyata Tantra		

Office	Name	Signature with date & Seal
Library		
Hostel Warden		
University Canteen		
Account Officer		
Medical/Hospital Pharmacy		

Dean/Principal _____ Clerk Dept. Date _____