



# Admission Brochure 2024 - 25

पूर्वोत्तर आयुर्वेद और लोक चिकित्सा अनुसंधान संस्थान  
(आयुष मंत्रालय, भारत सरकार के अधीन एक स्वायत्त संस्थान)

आयुर्वेद महाविद्यालय

**AYURVEDA COLLEGE**

**NORTH EASTERN INSTITUTE OF AYURVEDA & FOLK MEDICINE  
RESEARCH**

(An Autonomous Institute under the Ministry of Ayush, Government of India)

Opp. APST Bus Terminus, High Region, Pasighat - 791102, Arunachal Pradesh

website: [neiafmr.org.in](http://neiafmr.org.in)

**Telephone No.03682225243 Email: [admissionneiafmr@gmail.com](mailto:admissionneiafmr@gmail.com)**

## **About the Institute**

North Eastern Institute of Folk Medicine (NEIFM), Pasighat, Arunachal Pradesh was established on 21<sup>st</sup> February 2008. Through a Gazette Notification August 21, 2021, the mandate of the institute has been enhanced by adding Ayurveda Academic Courses and renamed the institute as “North Eastern Institute of Ayurveda and Folk Medicine Research (NEIAFMR)”. It is an autonomous institute under the Ministry of Ayush, Government of India. The institute is spread over an area of 40 acres land and is located at Pasighat, East Siang District, Arunachal Pradesh. An area of 16 acres has been utilized in Phase- I for the construction of Administrative Buildings (3915.68 Sq mt.), a Guest house (192 Sq mt.), and a Thematic Medicinal Plant Garden (2.5 Ha.).

This institute is equipped with essential infrastructure, including a 60 bedded indoor hospital and necessary equipment for research on Folk Medicine. The institute will create an interface between traditional/folk medicine practitioners and research institutions to enable proper understanding of folk medicine. Where feasible, validated folk medicine practices will be integrated into the mainstream healthcare system, and made available to the public. The Institute has been registered as a society with the Govt. of Arunachal Pradesh under the Societies Registration Act, of 1860.

### **Aim and Objectives:**

- To provide UG (PG in future) teaching facilities and quality patient care service under the Ayurvedic system of medicines in North Eastern Region.
- To function as an apex Research Centre for all aspects of Local Health Traditions and Ethno-Medical Practices.
- To create an interface between traditional healers and scientific research, survey, documentation and validation of folk medicine practices, remedies and therapies for possible usage in public health care and future research, etc.
- Promote the growth and development of Ayurvedic system of medicine in North Eastern Region of India.
- Integration of Folk Medicine with Ayush systems and mainstream health care for wide usage by the public at primary health care level.
- Capacity building and skill development of Ayurveda and Traditional/Folk Medicine practitioners.
- Establish and manage the institute as a Centre of Excellence in Pharmacognosy and Pharmacological research related to the field of Ayurveda and Folk Medicine.
- To protect the Intellectual Property Rights of the practitioners of Ayurveda and Folk Medicine.
- Generation of public awareness about the potentials of Folk Medicine for enhancing public health and rural communities.
- To develop linkages with other academic and research institutions.

### **Academic programme:**

NEIAFMR, Pasighat conducts 5½ Years (including one-year internship) Degree Course in Ayurveda, Bachelor of Ayurvedic Medicine and Surgery (B.A.M.S.). The course are full time regular courses as per the regulations approved by NCISM, Ministry of Ayush, Govt. of India and Govt. of Arunachal Pradesh. The B.A.M.S. course is affiliated with Rajiv Gandhi University, Rono Hills, Doimukh, Papum Pare district, Arunachal Pradesh.

## Distribution of Seats:

The total intake capacity for B.A.M.S. course at NEIAFMR, Pasighat is 30 (Thirty) students; 50% (15 seats) of total seats will be directly filled from All India Quota by AYUSH via centralized counseling, to be notified by the Ministry through its website ([www.aacc.gov.in](http://www.aacc.gov.in)). Fifteen (15) seats will be filled with students from Northeastern states out of which Five (05) seats are allocated for students from Arunachal Pradesh. The remaining 10 (Ten) seats will be filled by students from other Northeastern states. All admissions for students of Northeastern states will be conducted based on NEET-2024 score and following Govt. of India reservation policy.

## Fees & Expenses:

All the selected candidates are required to pay the admission fee, course fees, and other deposits, etc, as per the rule in force.

### BAMS Course Fees (1<sup>st</sup> Prof.; 18 months)–

Sl. No	Details of fee	Amount (Rs.)
1.	Admission fee (only one time)	3,000.00
2.	Caution money (Refundable-only one time)	5,000.00
3.	Bulletin/Magazines fee (only one time)	1000.00
4.	Educational tour fee (only one time)	2000.00
5.	Tuition fee (@1250/-pm)	22,500.00
6.	Book bank fee	1,500.00
7.	Sports/Gym fee	1,500.00
8.	Lab/ Hospital fee	1,500.00
9.	Library fee	1500.00
10.	Departmental, Computer and Internet fee	2,250.00
11.	University Registration fee	350.00
	<b>Total</b>	<b>Rs. 42,100</b>

**At present the institute has no arrangements for hostel accommodation.**

## How to Apply

Duly filled applications in prescribed format enclosing self-attested copies of NEET 2024 Admit Card & Mark sheet, testimonials in support of age, PRC, educational qualification certificate, medical fitness certificate, Caste/Community/Persons With Disabilities (PWD) certificate issued by the competent authority of Central/State Govt., recent passport size photographs should be submitted to the email address [admissionneiafmr@gmail.com](mailto:admissionneiafmr@gmail.com) on or before **5<sup>th</sup> November, 2024 (up to 5:00 PM)**. The prescribed Application Form and Admission Brochure can be downloaded from the Institute website [www.neiafmr.org.in](http://www.neiafmr.org.in)

**Principal**  
Ayurveda College, NEIAFMR

**Director**  
NEIAFMR, Pasighat

**Permanent Resident Certificate (PRC)**

Office of.....

F.No.....

Date.....

This is to certify that Shri/Shrimati/Kumari.....son/ daughter  
of.....is a permanent resident of village/town.....in District/  
Division..... of the state / Union Territory.....

Signature.....

Name:.....

Designation.....

(With Seal of Office)

Place.....

Date.....

Note: The candidates seeking admission must produce a proper Permanent Residential Certificate from Revenue Circle Officer / Sub-divisional Officer/ Deputy Commissioner of the respective area.

FORM OF CASTE CERTIFICATE

- 1. This is to certify that Shri/ Shrimati /Kumari.....son/daughter of.....of village/town.....in District / Division .....of the state/union Territory.....belongs to the.....caste/tribe which is recognized as a Scheduled Caste/ Scheduled Tribe/ OBC under---
- 2. This certificate is issued based on the Scheduled Castes/Scheduled Tribes Certificate/OBC issued to Shri/ Shrimati.....father/mother of Shri/ Shrimati/kumara.....of village/Town.....in District/ Division.....of the State/ Union Territory.....who belongs to the .....Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe/ OBC in the State/Union Territory.....Issued by the.....
- 3. Shri/Shrimati/Kumari.....And/or his/her family ordinarily reside (s) in village/town.....of.....District/ Division of the State/ Union Territory of.....

Signature.....

Designation.....

(with Seal f Office)

Place.....  
 State  
 Date.....  
 Union Territory

**BOND TO BE SUBMITTED BY BAMS 1<sup>ST</sup> YEAR STUDENTS OF NORTH EASTERN INSTITUTE OF AYURVEDA & FOLK MEDICINE RESEARCH (NEIAFMR), PASIGHAT AT THE TIME OF ADMISSION**

**(On Non-Judicial Stamp Paper f Rs.10/-)**

I \_\_\_\_\_ a student of 1<sup>st</sup> year BAMS of North Eastern Institute of Ayurveda & Folk Medicine affiliated to Rajiv Gandhi University, Arunachal Pradesh do hereby undertake to complete the said course as per the requirements of NEIAFMR. In the event of my leaving the course within one month from the date of admission, I shall be liable to pay an amount of Rs 50,000/-(rupees fifty thousand only) and after one month from the date of admission, I shall be liable to pay an amount of Rs 3,00,000/- (rupees three lakh only) as liquidated damages to the Institute. Further, I declare that I have not pursued any other regular course of study anywhere in the country at present and I have submitted the original certificates of my qualification, reservations (if any). In case this statement is detected false at any stage of the study at NEIAFMR, I shall be liable for any action including termination along with payment of liquidated damages amount as mentioned above.

Dated.....

Signature of Candidate

Witness:

1. ....
2. ....
3. ....

Sworn Before me & solemnly affirm

Signature contents verified today

Advocate/Notary  
Govt. of India

**AREEMENT FOR COMPLETION OF B.A.M.S. COURSE**

(On Non-Judicial Stamp Paper of Rs. 10/-)

This agreement was executed on the .....Day of.....2024/2025 by  
..... Son/Daughter of.....originally  
resident of.....

Hereinafter referred to as the **STUDENT**, in favor of NEIAFMR, Pasighat established by Ministry of Ayush, Govt. of India, hereinafter referred to as the **INSTITUTE**.

WHEREAS the Institute runs and maintains the college of Ayurveda which imparts education in Ayurveda under BAMS and courses as per CCIM, RGU Statutes, Ordinances framed from time to time. AND WHEREAS there are limited seats available in the BAMS courses of the Institute.

AND WHEREAS the aforesaid student has been admitted to BAMS courses on his/her giving undertaking with his/her free will, that he/she shall abide by the provisions of the University Act,

Statutes, Ordinances, rules and regulations framed from time to time and shall complete the course of studies to which he/she has been admitted for the full term.

Now therefore, the aforesaid student hereby agrees and undertakes to bind himself/herself to the effect that:-

1. He/She shall complete the course of studies to which he/she is admitted for the full term.
2. He/she shall not discontinue his/her studies before the completion of his/her prescribed course of studies and examinations.
3. In case he/she discontinues his/her studies at any time during the entire BAMS course of University on any ground, I (father/guardian) shall pay to NEIAFMR, pasighat a stipulated sum of Rs. 50000/- as DD (Rs. Fifty thousand only), if he/she leaves the course within one month from the date of admission and a sum of Rs.300000/- (Rs. Three lakh only) if he/she leaves the course of studies after one month from the date of admission.

**In witness**

**whereof**.....  
.....

*(Name of Father/Guardian)*

**Father/guardian of the aforesaid  
student**.....

*(Name of the student)*

Son/daughter has executed this Agreement on the day, month, and year mentioned above.

**SIGNATURE OF FATHER/GUARDIAN**

**SIGNATURE OF THE STUDENT**

*(WITNESS WITH ADDRESS)*

1. ....  
.....  
.....
2. ....  
.....  
.....

Sworn before me & solemnly affirm

Signature contents verified today

Advocate/Notary

Govt. of India



**ANTI-RAGGING BOND**

**AFFIDAVIT BY THE STUDENT**

I.....

(Full name of Student with admission) s/o d/o Mr./Mr ....., having been admitted to .....(name of the Institution), have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions,2009, (hereinafter called the “Regulations”) carefully read and fully understood the provisions contained in the said Regulations.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware of what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 3) I hereby solemnly aver and undertake that
  - a. I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
  - b. I will not participate in or abet or propagate through any act or commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 4) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 5) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.
- 6) Along with the above-mentioned points, I do hereby declare that
  - a) I will obey the code of conduct of the institute & do not indulge in any kind of in-disciplined activity while in and off the institution campus.
  - b) I will be solely responsible for any kind of accident/mishap caused on account of the above-mentioned clause(6.a)

Declared this .....day of .....month of .....year.

\_\_\_\_\_

Signature of deponent  
Name:

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at ----- (place) on this the ----- (day of ) ----- (month),----- (Year).

\_\_\_\_\_

Signature of deponent

Solemnly affirmed and signed in my presence on this the -----(day)of----- (month), -----(year) after reading the contents of this affidavit.

**AFFIDAVIT BY PARENT/GUARDIAN**

I, Mr./Mrs./Ms. \_\_\_\_\_ (full name of parent/guardian) father/mother/guardian of \_\_\_\_\_ (full name of student with admission/registration/enrolment number), having been admitted to \_\_\_\_\_ (name of the institution), have received or downloaded a copy of the UGC Regulations on curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”). Carefully read and fully understood the provisions contained in the said Regulations.

- 1) I have, in particular, perused clause 3 of the regulations and am aware of what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 3) I hereby solemnly aver and undertake that
  - a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
  - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 4) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 5) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that in case the declaration is found to be untrue, the admission of my ward is liable to be canceled .
- 6) Along with the above-mentioned points, I do hereby declare that
  - a) I will obey the code of conduct of the institute & do not indulge in any kind of in-disciplined activity while in and off the institution campus.
  - b) I will be solely responsible for any kind of accident/mishap caused on account of the above-mentioned clause(6.a)

Declared this \_\_\_ day of \_\_\_ month of \_\_\_\_\_ year.

\_\_\_\_\_  
 Signature of deponent  
 Name:  
 Address:  
 Telephone/Mobile No.:

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein. Verified at (place) on this the (day) of (month), (year).

\_\_\_\_\_  
 Signature of deponent

Solemnly affirmed and signed in my presence on this the (day) of (month), year after reading the contents of this affidavit.

**OATH COMMISSIONER**

**MEDICAL FITNESS CERTIFICATE**

A candidate must be medically fit to undergo the UG [ BAMS/BSMS/BUMS/BHMS/B.Pharm (Ay.)] course applied for. The Medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as bellow on a Letterhead:

<b>CERTIFICATE OF MEDICAL FITNESS</b>					
<p>This is to certify that I have conducted clinical examination of Mr/Mrs./Ms..... Who is desirous of admission to UG [BAMS/BSMS/BUMS/BHMS/B.Pharm(Ay.)] Courses.</p> <p>He/She has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the UG [BAMS/BSMS/BUMS/BHMS/B.Pharm(Ay.)] Courses.</p> <p>Certified that he/she fulfills the following criteria.</p> <ol style="list-style-type: none"> <li>(1) Absence of any incapacitating and/or progressive systemic disease/disorder/condition.</li> <li>(2) Absence of any disability of upper limb/s.</li> <li>(3) Absence of any major visual/auditory disability.</li> <li>(4) Absence of psychosis/neurosis/mental retardation.</li> <li>(5) Ability to maintain erect posture.</li> <li>(6) Reasonable manual dexterity.</li> </ol> <p>Though following deviations have been revealed, in my opinion, these are not impediments to pursue a UG course in an Ayurved/Siddha/Unani/Homoepathy/B.Pharm(Ay.) stream (<b>Strike, which is not applicable</b>):</p> <p>1.....</p> <p>2.....</p> <p>3.....</p>					
<p>Address of the Registered Medical Practitioner</p>   <p>Date:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Signature</td> </tr> <tr> <td style="padding: 5px;">Name</td> </tr> <tr> <td style="padding: 5px;">Registration No.</td> </tr> <tr> <td style="padding: 5px;">Seal of Registered Medical Practitioner</td> </tr> </table>	Signature	Name	Registration No.	Seal of Registered Medical Practitioner
Signature					
Name					
Registration No.					
Seal of Registered Medical Practitioner					

RECEIPT NO. WITH DATE: .....

(For OFFICE use only)



**NORTH EASTER INSTITUTE OF AYURVEDA FOLK MEDICINE RESEARCH**

(An Autonomous Institute under the Ministry of Ayush, Government of India)

PASIGHAT, ARUNACHAL PRADESH-791102

Affiliated to Rajiv Gandhi University (A Central University), Itanagar, Arunachal Pradesh-791111

**APPLICATION FORM (ONLY for North Eastern States)**

1. Name in full (In BOLD) .....

2. Mother's Name.....

3. Father's /Husband's Name: .....

4. Address: (in CAPITAL letters)

(i) Present address (for correspondence, with phone/mobile No. & E-mail) -

.....  
.....  
.....

Pin Code: .....

Email Id: .....

Mobile no .....

(ii) Permanent Home address –

.....  
.....  
.....

PIN Code: .....

5. a. Date of Birth (in the figure): DD ..... MM ..... YY.....

b. Date of Birth (in words): .....

c. Age (as of 31st December 2023) .....YY.....MM.....

6. a) Nationality: ..... 6. b) Name of the State: .....

7. a) Gender: Male ..... Female..... 7. b) Religion .....

8. Category (Gen /SC/ST/OBC/PWD/EWS) .....

{ In support, please enclose caste certificate from authorized Issuing authority;

(For **OBC NON-Creamy Layer Certificate** from competent authority is mandatory)}

### 9. Qualification (Academic & Professional)-

(Please enclose a self-attested Photocopy of each certificate & mark- sheet)

Examination	Name of the College & University and Board	Year of passing	Division obtained (mention distinction if any)	Percentage of marks/CGPA obtained (Aggregate in Case of degree program)	Subject(s)
10 <sup>th</sup> or Equivalent					
(10+2) or Equivalent					
Any other examination(s)					

### 10. Statement of Marks obtained in NEET 2024.

Examination	NEET-2024 Roll No.	NEET-2024 All India Rank	NEET-2024 Category Rank (if applicable)	NEET-2024 Mark
NEET 2024 conducted by NTA				

### 11. Details of Fee-

Amount: ..... Demand Draft No: .....

Date: ..... Bank/ branch: .....

UPI Transaction ID: .....

### 12. Enclosure checklist

SNO	DOCUMENT	Y/N
1	NEET Admit Card	
2	NEET Mark sheet	
3	10th Mark sheet	
4	12th Mark sheet	
5	PRC (Permanent Resident Certificate)	
6	Caste Certificate (If Applicable)	
7	Demand Draft (Original)	
8	Any Other Relevant Documents	

### DECLARATION

I affirm that information given in this application is true and correct, to the best of my knowledge. I also fully understand that if at any stage it is discovered that any attempt has been made by me to willfully conceal or misrepresent any facts, my candidature may be summarily rejected or expelled.

Place: \_\_\_\_\_

Signature of Candidate

Date: \_\_\_\_\_

\_\_\_\_\_  
(NAME IN CAPITAL)