राष्ट्रीय यूनानी चिकित्सा संस्थान
NATIONAL INSTITUTE OF UNANI MEDICINE
कोट्टिगे पाल्या ,मागडी मेन रोड बेंगलुरू
Kottigepalya, Magadi Main Road, Bangalore –560 091
भारत सरकार केआयुष मंत्रालय केअधीन एक स्वायत्त निकाय
An autonomous body under Ministry of Ayush, Govt.of India
एनए बी एच से मान्यता प्राप्त /Accredited to NABH
Tel :080- 2358 4260

फा.सं:. 30-4/2026-27/ACD/NIUM/ ि◌दनांक: 21.10.2026

NOTICE

Candidates belonging to the OBC/EWS/SC-ST category seeking admission to the PG Unani (MD/MS) course at NIUM, Bengaluru and NIUM Ghaziabad, for the academic session 2025-2026 are required to produce the OBC/EWS/SC-ST certificate in the prescribed format issued by the AACCC/NCISM only.

The OBC/EWS/SC-ST certificate must be issued within six months preceding the date of admission.

Certificates that are time-barred or not in the prescribed format will not be accepted.

By Order

- OBC/EWS/SC-ST Certificate format

Annexure-I

CERTIFICATE OF DISABILITY

Recent Passport Size Photograph of the candidate duly attested by the issuing authority

Certificate No._____ Dated_____
Name of the Designated Disability Centre (as per ANNEXURE-II):___
_____
This to certify that Dr./Mr./Ms._____Aged_____
Years Son/ Daughter of Mr._____R/o_____
AIAPGET Roll No._____, Rank No._____, has the following Disability (Name of the Specified Disability) ____and has Permanent Physical Impairment (PPI) with the Disability Range (in percentage) of _____(in words)_____(in Figures).

Please tick on the "Specified Disability"
(Assessment may be done on the basis of Gazette of India, Extraordinary, Part-II, Section-3Sub-section (ii), Ministry of Social Justice and Empowerment)

S. No.	Disability Type	Type of Disability	Specified Disability
1.	**Physical Disability**	A. Loco motor Disability	a. Leprosy cured person, b. Cerebra Palsy, c. Dwarfism, d. Muscula Dystrophy, e. Acid attack Victims, f. othe such as Amputation, Poliomyelitis.
		B. Visual Impairment	a. Blindness b. Low Vision
		C. Hearing Impairment	a. Deaf b. Hard of hearing
		D. Speech Language Disability	a. Organic/Neurological causes
2.	**Intellectual Disability**		a. Specific Learning Disabilities (Perceptual disabilities, Dyslexia, Dyscalculia Dyspraxia & Developmental Aphasia) b. Autism Spectrum Disorders
3.	**Mental Behaviour**		a. Mental illness
4.	**Disability caused due to**	a. Chronic Neurological Conditions	i. Multiple Sclerosis ii. Parkinsonism
		b. Blood Disorders	Hemophilia, Thalassemia, Sickle Cell Disease
5.	**Multiple Disabilities including Deaf Blindness**		More than one of the above specified disabilities

- **Conclusion**: He/She is **Eligible/Not Eligible** for admission in Ayurveda/Siddha/Unani/Homoeopathy PG courses as per the **NCISM /NCH/ CCIM/CCH**-Gazette Notification subject to his being otherwise medically fit.
- Functional competency with the aid of **Assistive devices** in case of **Loco motor*/ Visual*/ Hearing*Impairment,** if any_____

Sign &Name …..
(Concerned Specialist)

Sign &Name …..
(Concerned Specialist)

Sign &Name …..
(Concerned Specialist)

PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.*----------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*under:

_ The Constitution (Scheduled Caste) Order, 1950

The Constitution (Scheduled Tribe) Order, 1950

The Constitution (Scheduled Caste) (Union Territories) Order, 1951

The Constitution (Scheduled Tribe) (Union Territories) Order, 1951

1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re-organization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act,1976).

The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.

The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.

The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.

The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.

The Constitution (Puducherry) Scheduled Caste Order,1964

The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.

The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.

The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.

The Constitution (Nagaland) Scheduled Tribes Order, 1970.

The Constitution (Sikkim) Scheduled Caste Order, 1978.

The Constitution (Sikkim) Scheduled Tribes Order, 1978.

2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe*certificate issued to Shri/Smt*----------
---------- father/mother of Shri/Smt/Kum*- ----------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* in the State/ Union Territory*----------issued by the ---------- (name of prescribed authority) vide their No----------
_ date ----------

3. Shri*/Smt.*/Kum*----------and/or his/her*family ordinary reside(s) in village/town* ---------- of the State/Union Territory of ----------.

Signature: .....

**Designation: ------

Place---------- State/Union Territory
Date----------(With seal of Office)

*Please delete the words which are not applicable.

_ Please quote specific Presidential Order.

Delete the paragraph which is not applicable.

**Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.

PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

(Certificate to be produced by Other Backward Class applying for admission to Central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kum./Dr._____ Son/Daughter of Shri/Dr._____of Village/Town_____District/Division_____in the_____State belongs to the_____Community which is recognized as a backward class under:

(i) Resolution No.12011/68/93-BCC(C)dated10/09/93published in the Gazette of India Extraordinary part I Section I No.186 dated 13/09/93.

(ii) Resolution No.12011/9/94-BCCdated19/10/94published in the Gazette of India Extraordinary part I Section I No.163 dated 20/10/94.

(iii) Resolution No.12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No.88 dated 25/05/95.

(iv) Resolution No.12011/96/94-BCC dated 09/03/96.

(v) Resolution No.12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No.120 dated 11/12/96.

(vi) Resolution No.12011/13/97-BCC dated 03/12/97.

(vii) Resolution No.12011/99/94-BCC dated 11/12/97.

(viii) Resolution No.12011/68/98-BCC dated 27/10/99.

(ix) Resolution No.12011/88/98-BCC dated 06/12/99published in the Gazette of India Extraordinary part I Section I No.270 dated 06/12/99.

(x) Resolution No.12011/36/99- BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No.71 dated 04/04/2004.

(xi) Resolution No.12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No.210 dated 21/09/2000.

(xii) Resolution No.12015/09/2000-BCC dated 06/09/2001.

(xiii) Resolution No.12011/01/2001-BCC dated 19/06/2003.

(xiv) Resolution No.12011/04/2002-BCC dated13/01/2004.

(xv) Resolution No.12011/09/2004-BCC dated16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.

(xvi) Resolution No.20012/129/2009/-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no.63 dated 04/03/2014.

Shri/Smt./Kum._____And/or his family ordinarily reside (s)in the _____ District/Division of_____State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated: District Magistrate/Competent Authority Seal

NOTE:

(a) ***The Term ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.***

(a) ***The authorities competent to issue Caste Certificates are indicated below:***

(i) ***District Magistrate / Additional Magistrate / IstClass Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1 Class Stipendiary Magi state.)***

(ii) ***ChiefPresidencyMagistrate/AdditionalChiefpresidencyMagistrate/Presidencymagistrate.***

(iii) ***Revenue Officer not below the rank of Tehsildar.***

(iv) ***Sub-Divisional Officer of the area where the candidate and/or his family resides.***

(b) ***The annual income/status of the parents of the applicant should be based on the financial year ending March 31, 2026***

Proforma for EWS Certificate

Government of .....

(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____ Dated:_____

VALID FOR THE YEAR_____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of permanent resident of_____ Village/Street_____Post. Office_____District_____in the State/Union Territory _____ Pin Code _____whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her "family"** is below Rs. 8 Lakh (Rupees Eight Lakh only) for the last financial year. His/her family does not own or possess any of the following assets***:

I. 5 acres of agricultural land and above;
II. Residential flat of 1000 sq. ft. and above;
III. Residential plot of 100 sq. yards and above in notified municipalities;
IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

2. Shri/Smt./Kumari _____belongs to the _____ caste, which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of Office_____

Name_____

Designation_____

Recent Passport size attested photograph of the applicant

The income and assets of the families as mentioned would be required to be certified by an officer not below the rank of Tehsildar in the States/UTs

*Note-1: Income covered all sources i.e. salary, agriculture, business, profession, etc.
**Note 2: The term 'Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years
***Note 3: The property held by a "Family' in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status

Annexure-VI

MEDICAL FITNESS CERTIFICATE

A candidate must be medically fit to undergo the PG (Ayurved/Siddha/Unani/Homoeopathy) course applied for. The Medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given bellow on a Letterhead:

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms .....who is desirous of admission to PG (MD/MS-Ayurved/Siddha/Unani/ Homoeopathy) course.

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 PG (MD/MS-Ayurved/Siddha/Unani/Homoeopathy) course.

Certified that he/she fulfills the following criteria.

(1) Absence of any incapacitating and/or progressive systemic disease/disorder/condition.
(2) Absence of any disability of upper limb/s.
(3) Absence of any major visual/auditory disability.
(4) Absence of psychosis/neurosis/mental retardation.
(5) Ability to maintain erect posture.
(6) Reasonable manual dexterity.

Though following deviations have been revealed, in my opinion, these are not impediments to pursue a PG (MD/MS) course in an Ayurved/Siddha/Unani/Homoeopathy stream **(Strike, which is not applicable):**

1.....

2.....

3.....

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
Date:	Seal of Registered Medical Practitioner

Annexure- VII

Notarized Affidavit-cum-Undertaking by the candidate for admission to Postgraduate courses under Ayurveda/Siddha/Unani /Homoeopathy streams for the A.Y 2026-27

(To be filled in by candidate)

I .....S/D/o sh. ....., age ....., R/O .....do hereby solemnly affirm and declare as under:

1. That I am the resident of the address mentioned above since.....
2. That my Aadhar Card no. is..... ,and I ..... appeared in AIAPGET-2026 with AIAPGET Roll No. ..... and is taking admission in PG (.....) course under Ayurveda/Siddha/Unani/Homoeopathy streams for the A.Y 2026-27 in the college.....
3. That I am well aware of the eligibility criteria for participating in AACCC PG Counseling 2026 and declare that I have completed my Compulsory Rotatory Internship (CRI) on or before 31st October 2026.I further undertake that I shall submit the valid **Provisional Degree Certificate** (original copy) to the allotted PG Ayurveda /Siddha /Unani /Homoeopathy Institute on or before **28th November 2026**. In case of failure to submit the said document within the stipulated time, my allotted PG seat shall stand cancelled.
4. That I am fully aware that, in the event of my failure to submit the required documents within the stipulated time, I shall have no claim whatsoever against the concerned authority/institute.
5. That the contents of this Affidavit-cum-Undertaking are true and correct to the best of my knowledge and belief, and nothing material has been concealed therefrom.

( )
Student

Verification

I am giving this undertaking for the best of my knowledge and sound mind and nothing has been concealed therefrom.

( )
Student