All India Working Organization

Alternative Medical Board

अल्टरनेटिव मेडिकल बोर्ड

Under the aegis of A.I.Y.N.C Council Regd. Govt. of India)

Regd./ADMN. Office : E-113 Sect- I, L.D.A. Colony, Kanpur Road, Lucknow(U.P.)-12

E-mail : guruji57779@gmail.com M.-09415017779,09044024213 Phone:0522-2424213

Session.....

Admission Form

Enrollment No.....

NAME OF COURSE.....
(DISTANCE EDUCATION COURSE'S)

Paste a recent photo here and attach another Two.

To,

Registrar / Secretary
Alternative Medical Board
Regd./ADMN. Office : Lucknow(U.P.)

Sir,

Most respectfully, I bet to state that I want to get my Admission in your Board's above mentioned course Fees_____By Cash / Transfer Date:_____ My particulars are given below.

1. Name (In Block Letters):
2. Father / Husband's Name (In Block Letters):
3. Postel Address : Moh: Vill:
   Post Distt: PIN: State:
4. Date of Birth : Nationality : Mob.
5. Name of Institute:
6. Attach Qualification's Detail & Enclose : Attested copies :

Name of Exam Passed	Name of Board	Roll No.	Year	Subject	Grand Total
High / Matric					
Inter (10+2)					

DECLARATION

I agree with the Constitutional rules and by-laws of the Board and respect its ethics and principles. I certify that all the particulars furnished above, are true to the best of my knowledge and belief. My candidature may be liable to be cancelled if my documents or any activities proves misleading and affects the goodwill of the Board.

Date : _____ (Signature of the applicant)

FOR OFFICE USE ONLY

Name of Student:_____ Father/Husnad's Name:_____

Received Application on Date:_____ ₹ : _____ By Cash/Transfer.

Note : Incomplete Form Will Be Rejected Without Any Notice. Registrar/Secretary