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

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Examination Form

NAME OF COURSE.....

(DISTANCE EDUCATION COURSE'S)

SESSION_____ ENROLLMENT NO._____ ROLL NO._____

Paste a recent photo here and attach another Two.

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 Study Center:

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)					

7. I declare that the above mentioned details are totally correct in any knowledge. Please allow me to appear in examination.

Date:_____ (Signature of Student)

8. Recommendation of Principal:

Name of Student_____Father/Husband's Name_____
bears good moral character.

The Examine has completed all the practical and theoretical training which is necessary for Courses

Name_____So he/She may be allowed to appear in annual Examination.

Exam fee ₹.:_____ has been received by this office which is enclosed as Cash / Bank

DD. No. & Transfer: _____ Dated: _____

Date :_____ Sig. of Center Head

Institution Seal

Note : Incomplete Form Will Be Rejected Without Any Notice.