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

S.No. .....

Registration Form

Regd. No. .....

To,

Ragistrar/Secretary

Alternative Medical Board

Regd./ADMN. Office : Lucknow(U.P.)

Paste a recent photo here and attach another Two.

Sir,

I, hereby, request that my name and other particulars as mentioned below to be entered in the record registered of Alternative Medical Board. I enclose Registration Fees ₹ 3100 /-By Cash/Transfer Date_____

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 : Passed Year
7. Enclosed Here with :

(i) A copy of my birth certificate/Matriculation/Secondary Certificate/Secondary School Leaving Certificate.

(ii) Attested copies of certificate of the Diploma and Certificate corses as required.

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. understand that 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/Husband's Name:_____

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

Note:(1)Incomplete Form Will Be Rejected Without Any Notice. Registrar/Secretary

(2) New fee applicable from Date - 12/08/2024