



All India Working Organization

Alternative Medical Board

अल्टरनेटिव मेडिकल बोर्ड

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

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

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Application For Study/ Exam. Center Form

To,

President/Secretary

Alternative Medical Board

National ADMN.Office:Lucknow (UP)

Sir,

I, hereby request that I am the Manager/Chairman/Principal of the : I have carefully read all the rules and

regulations of your Alternative Medical Board and am completely satisfied with them. I wish to make my

institute a study/examination center for optional degree/diploma courses **B.E.M.S., D.E.M.S., D.E.H.M.,****B.A.M.S., B.Ac.M.S., D.A.M.S., M.D.(Electro) & M.D.(Alternative)**. Give details about the institute areName of Institution :

(In Block Letters)

Postal Address :

(In Block Letters)

Distt. Pin: State Phone: Mob. : Website e-mail Establishment Year :

Constitution with rules & regulation and registration of institute under societies/Trust Act.

Blue print of the institution : Bank Account Number of the institution : Name of Bank and Address : Details about Library & studying Room : Facility about practicals and other functions regarding study : List of management with the qualifications of members : Enclose all document in proof of above statement :

Signature President / Manager

Signature Principal

Office Seal