



NATIONAL INSTITUTE OF ALTERNATIVE MEDICINE & RESEARCH CENTRE

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Admission Form

Form No.

Session 20 to 20.....

Centre Name

Code

Course

Mode

1. Name (Block Letters) :
Name (In Hindi)
2. Father's/Husband's Name :
3. Mother's Name :
4. Date of Birth : 5. Qualification :
6. Permanent Address (In Block Letters) :
.....
.....
7. Present Address :
.....
.....
8. Mobile No. : Email ID :



DECLARATION

The contents of the Admission form that I have submitted are true to the best of my knowledge. If any statement given by me as above is proved to be false, I will be responsible and liable to be punished. I have filled the admission form in my own handwriting.

(Signature of the Applicant)

For Office Use Only

Accepted/Rejected

Admission Roll No.

Office Secretary

Course Director/Admission Incharge

Dated

Seal