

# ALLOTTED BY OFFICE

Form No. \_\_\_\_\_

SI No. \_\_\_\_\_

## APPLICATION FORM ADMISSION / REGISTRATION / EXAMINATION

# INSTITUTE OF ALTERNATIVE MEDICINES

(Regd. by the Govt. of W.B. Based on Central Govt. Act.)

Unit : Bowbazar Society for Alternative Medicine)

Regd. Office :

15, SRIGOPAL MULLICK LANE

(Near Medical College, College Street 3 No. Just to Gate Opposite.

CALCUTTA - 700 012, Phone : 2219 8253, Telefax : 2219 0301

PHOTO

1. Name in full : Mr. / Miss / Mrs. \_\_\_\_\_  
(in Block Letters)
2. Father's / Husband's Name \_\_\_\_\_
3. Permanent Address \_\_\_\_\_  
\_\_\_\_\_ Pin \_\_\_\_\_
4. Correspondence Address \_\_\_\_\_  
\_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. Course in which seeking admission \_\_\_\_\_
7. Educational Qualification \_\_\_\_\_  
Name of Board / University
- a) \_\_\_\_\_ a) \_\_\_\_\_
- b) \_\_\_\_\_ b) \_\_\_\_\_
- c) \_\_\_\_\_ c) \_\_\_\_\_
8. Whether Seeking admission in  
Our Regular / Correspondence Course \_\_\_\_\_
9. Appearing of Examination in which course & Session \_\_\_\_\_  
I have carefully studied the rules & regulations of the institution and accept them as  
binding on me.
10. Nationality \_\_\_\_\_  
Date \_\_\_\_\_

(Signature of the Candidate)

## For Official use only

Remittance particular RS ..... (Rupees .....

.....) only remitted vide Mo/DD/CASH

Institute C R No .....

Course Code No

Studentship No

Personal File No

Study File No

Administrative Officer