



ALTERNATIVE MEDICAL COUNCIL

Date: -

Day: -

ENROLLMENT FORM - 20 - 20

Course Applied For: -

1. Candidate Name
2. S/o, D/o, W/o
3. Mother's Name
4. Date of Birth
5. Gender
6. Nationality
7. Address
8. Contact No.
9. Category Gen, OBC, SC, ST, Other (Specify)
10. Email Id
11. Qualification:-

Passport Size
Photo

S. No.	Examination	Board/Uni.	Year of Passing	Mark Obt.	% of Marks

12. Declaration: - I have read and understood the rules and regulations of the Alternative Medical Council and I agree with that I fulfill the eligibility condition as laid down in the prospectus. All the information furnished above by me is correct. In case anything is wrong I should be held responsible for that I shall submit any other document(s) that may be required by the Council in Future.

Signature of Candidate