



ALTERNATIVE MEDICAL COUNCIL

Membership/Registration Form

Note : - Fill out the form carefully for Registration.

To,
The Registrar,
Alternative Medical Council

Date : -/...../.....

Passport Size
Photo

Application for Registration of Diploma/degree in (Course) :

1. Name of the applicant :

2. Parent's Name :

3. Date & Place of Birth : Blood Group :

4. Gender : Male Female Others

5. Are you citizen of India : By Birth By domicile

6. Permanent Address

District State PIN code.....

7. Correspondence Address

District State PIN code.....

8. Mobile/Phone E-mail ID

9. Details of educational qualifications prior to/other than allied and healthcare qualifications:

Educational Qualification	Name of School/College	Board/ University	Year of Passing
Matriculation or Equivalent			
Senior Secondary or Equivalent			

10. Details of Allied and Healthcare qualification for which registration is applied :

Name of Course	Name of Institute/College	Duration of the Course (with Internship)	Name & address of hospital/Institute of Internship	Date of Admission	Date of Passing Year

Signature of Candidate

FOR OFFICE USE ONLY

1. Registration Fee

2. Receipt No. Date

3. Registration No