

APPLICATION NO.

CATEGORY NO.



Date :

<input type="text"/>					
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

All India Council of Alternative Medical Science & Research

Autonomous Body for Research & Development under E- Learning Programme, Govt. of India

Associate with Alternative Medical Council & USDLA, USA,

P.O. Box 300900, Brooklyn, NY 11230, USA

B1/23A, G/F, Sewak Park, Dwarka More, New Delhi -110059, Ph. No. : 9555679940

website: www.aicpmsr.com, Email: info@aicpmsr.com

Application form

For

.....

(For Years)

Name of the applicant: Mr./Miss./Mrs (In Capital Letters)

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Surname)	(Name)	(Father's Name)

2. Examination passed

- | | |
|-------------|--------------------------|
| a. S.S.C. | <input type="checkbox"/> |
| b. H.S.C. | <input type="checkbox"/> |
| c. DAMS (A) | <input type="checkbox"/> |

FOR OFFICE USE ONLY

Remarks

Verified by :

Checked by :

Merit Marks	<input type="text"/>
Sr. No. (Admission)	<input type="text"/>
Admitted at	<input type="text"/>
Signature of Officer	<input type="text"/>

GENERAL INSTRUCTIONS FOR COMPLETING ADMISSION FORM

Fill up the application form in CAPITAL LETTERS ONLY. Please tick the appropriate box wherever provided.

COVER PAGE

- a. Write Name, Qualifying Exam Seat N. & year of Passing as per standard 12th mark sheet or D.Pharma (A) at the space provided.
- b. Attach a DD of Nationalized Bank worth Rs. 150/- in favour of “**ABMCKS**” and payable at Delhi.

FORM

- a. Candidate's Name: Write name as printed in Standard 12th mark sheet. Write Mother's Name in the boxes provided.
- b. Attach a duly signed photograph in the prescribed form
- c. Board from which standard 12th (H.S.C.) Examination passed: Please tick appropriate box provided, along with the code of your group.
- d. Category: Please tick the appropriate box. Attested copy of caste certificate to be attached, if applicable.
 - a. Please write your caste and sub-caste as per school leaving certificate / transfer certificate in the boxes provided, if applicable.
- e. Date of Birth (As per S.S.C.): write your date of birth, as per standard 10th Certificate / School leaving certificate / transfer certificate.
- f. Write your complete address for communication including Taluka, District and Pincode. Give your Residence phone number, mobile phone number with STD code and email ID.
- g. **Attach a self addressed envelope (12cm x 4cm) affixed with Rs. 25/- postal stamp along with the admission form.**
- h. For more information please visit our website: www.aipmsr.com Email: info@aicpmsr.com or **Phone: 9555679940**
- i. On cancellation of admission, 50% amount of the fees will be refunded within a month of admission.



