



WORLD ASSOCIATION OF INTEGRATED MEDICINE

(An International Organization for establishment of Integrated Medicine)

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EXAMINATION FORM

1. Name of the Course
 2. Name of Faculty
 3. Name of the Candidate
 4. Name of the Attached Institution.....
 5. Date of Birth.....
 6. Year of Enrollment Year of Examination
 7. Address for Correspondence.....
.....
 8. Examination Fee: I am herewith enclosing the prescribed fee Rs./USD
- By Cash/DD No. Dated of Bank.

**Attested
/Scanned
Photo**

Dated.....

Signature of the Candidate

ADMIT CARD

Roll No.

**Attested
/Scanned
Photo**

Dr./Mr./Km./Mrs. S/o,D/o,W/o
Shri is permitted to appear in the final
Theory/Practical Examination of Postgraduate Degree/Diploma/Certificate under faculty of
..... in the Specialty
for the session 201.. - 1.. conducted by World Association of Integrated Medicine, Delhi on
..... The center for Examination is

Dated.....

Asst. Registrar