



WORLD ASSOCIATION OF INTEGRATED MEDICINE

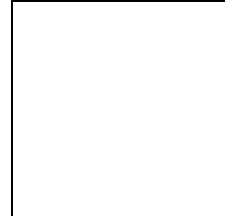
(An International Organization for establishment of Integrated Medicine)

Head Office: A-146/2, Lane No. 4, North Block, West Vinod Nagar, Delhi-110092,INDIA

President Office: N-10/60, C-1, Kakarmatta, Bazardeeha, Varamasi-221009,UP,INDIA

APPLICATION FORM

1. Applied in the Faculty of
2. Name of the Subject
3. Applied in the Calendar - Winter / Summer
4. Name of the Candidate
5. Name of the Admitting Institution / Academic Advisor with Address
.....
.....
6. Name and address of the Guardian for emergency contact
.....
7. Address for Correspondence
8. Date of Birth.....
9. Permanent Address.....
.....
10. Educational Qualification.....
11. Name and address of the last attended Institution.....
12. Are you employed anywhere? Yes/No
13. If employment in any organization, indicate your designation, years of service and a character certificate from the immediate officer.....
14. Are you registering for Single/Double Degree Program
15. *Following Enclosures are being Enclosed or Not Enclosed:*
 - a. Proof of date of birth
 - b. Copies of Grading Sheets
 - c. Copies of Educational Qualification
 - d. Copy of the Registration Certificate
 - e. Copy of the address and ID proof.....
 - f. Copy of Experience Certificate



Dated.....

Signature of the Candidate

PAYMENT OF FEE

I am here with making the payment of **Admission/Enrollment Form, the First / Final installment** of **fee** for **Post graduate** Degree/Diploma/Medico-technical..... course which is Rs. /US\$..... in **Cash/Demand Draft** bearing No.....dated.....of.....
.....(**Name of the Bank**) in the name of **World Association of Integrated Medicine** Payable at Varanasi/New Delhi

Dated:.....

Signature of the Candidate

DECLARATION

Ihereby declare that I have gone through the details of the institution and the course and upon my full satisfaction I have decided to seek admission in the above mentioned course. I further declare that all the information's mentioned in this form are true and correct to the best of my knowledge and believe. I have not concealed any information, should it be so at any point of time, my candidature is liable to be cancelled, if it is found on later date my certification is liable to be cancelled and further if there is any loss to institution due me, I will be responsible for the same and will compensate the loss as decided by WAIM. I know that fee once paid is non refundable. I also declare to abide by all the rules and regulations laid down by the institution and WAIM.

Dated.....

Signature of the Candidate

FOR OFFICE USE ONLY

Dr..... R/O.....
.....
upon completion of the initial requirement has been admitted in the faculty of..... for.....Course.

Dated.....

Signature of the Registrar