



# WORLD ASSOCIATION OF INTEGRATED MEDICINE

(An International Organization for establishment of Integrated Medicine)

**Head Office:** C -14 Ground Floor, Chhatarpur Enclave, Phase II, Chhatarpur, New Delhi - 110074, INDIA

**Administrative Office:** N-10/60, C-1, Kakarmatta, Bazardeeha (Via Industrial Estate), Varanasi - 221106, UP, INDIA

## 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 Enrolment..... Year of Examination .....
7. Address for Correspondence .....
8. **Examination Fee:** Payments shall be made through **Cash / Demand Draft / Online Transfer (NEFT / RTGS** in the name of **World Association of Integrated Medicine payment in Punjab National Bank** at Branch Name **Bhikharipur, Varanasi** through IFS Code: PUNB0404500 in S/B Account No: 4045000100017189. The candidates residing in India will pay in Indian Rs.(Payment in INR). Foreign candidates are requested to make their payment through Correspondent Bank in above account ( **Copy of proof of Payment should be attached herewith**)

Self Attested  
Photograph

Dated: .....

Signature of the Candidate



# WORLD ASSOCIATION OF INTEGRATED MEDICINE

## ADMIT CARD

Roll No. ....

Self Attested  
Photograph

Dr./Mr./Km. /Mrs. .... S/o, D/o, W/o Shri  
..... is permitted to appear in the final Examination in  
..... going to be held in ..... 201..... conducted by  
**World Association of Integrated Medicine, Delhi.** The centre for examination will be  
.....

Dated: .....

Signature of the Asst. Registrar