



WORLD ASSOCIATION OF INTEGRATED MEDICINE

(An Organization for Global Establishment of Integrated Medicine)

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

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

APPLICATION FOR ENROLMENT

1. Applied in the Institute of
2. Name of the Admitting Institution / Academic Advisor with Address
.....
3. Systems in Combination
4. Applied in the Calendar - Winter / Summer
5. Name of the Candidate
6. Parents/Guardian's.....
7. Permanent Address (including E-mail ID and Phone No.)
.....
8. Address for Correspondence (including E-mail ID and Phone No.)
.....
.....
.....
9. Date of Birth
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. Add Following Enclosures:
 - I. Proof of date of birth.
 - II. Copies of Grading Sheets
 - III. Copies of Educational Qualification.
 - IV. Copy of the Registration Certificate if any.
 - V. Copy of the address & ID Proof.
 - VI. Copy of Experience Certificate if any.

**Scanned / Self
Attested Photograph**

Dated:

Signature of the Candidate

16. Enrolment 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 **Bhikharipur, Varanasi** through IFS Code: PUNB0404500, Swift Code: PUNBINBBVMG 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)

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

RECOMMENDATION OF INSTITUTION/ACADEMIC ADVISOR

I am herewith recommending the name of Shri / Mrs. / Ms.for admission to

Dated:

(Signature and Seal of Head/Academic)

FOR OFFICE USE ONLY

Mr./Mrs./Ms..... R/O

..... upon completion of the basic initial requirement has been admitted in the Institute of for Course.

Dated:

(Signature of the Registrar)