



WORLD ASSOCIATION OF INTEGRATED MEDICINE

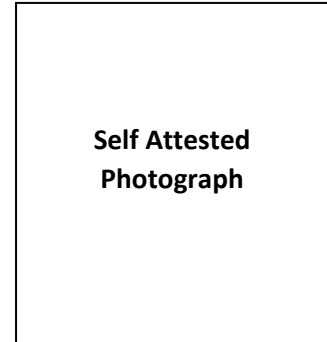
(An International Organization for establishment of Integrated Medicine)

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

APPLICATION FOR ENROLMENT

1. Applied in the Institute of
2. Name of Faculty.....
3. Name of the Subject
4. Applied in the Calendar - Winter / Summer
5. Name of the Candidate
6. Name of the Admitting Institution / Academic Advisor with Address
.....
.....
7. Name and address of the Guardian for emergency contact
8. Address for Correspondence (including E-mail ID and Phone No.).....
9. Date of Birth.....
10. Permanent Address (including E-mail ID and Phone No).....
11. Educational Qualification.....
12. Name and address of the last attended Institution.....
13. Are you employed any where? Yes No
14. If employment in any organization, indicate your designation, years of service and a character certificate from the immediate officer.....
15. Are you registering for Single/Double Degree Program
16. Add Following Enclosures:



- | | |
|----------------------------------------------|-----------------------------------------------|
| 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 Proof..... | f. Copy of Experience Certificate |

Dated:

Signature of the Candidate

17. 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 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**)

Dated:

Signature of the Candidate

DECLARATION

I hereby 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

Shri/Mrs. /Ms. R/O..... upon completion of the basic initial requirement has been admitted in the faculty of..... for.....Course.

Dated:

(Signature of the Registrar)