



WORLD ASSOCIATION OF INTEGRATED MEDICINE

(An International 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

EXAMINATION FORM

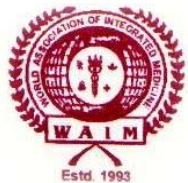
1. Name of the Course
2. Name of Institute
3. Name of the Candidate
4. Name of the Attached Institution/Academic Advisor
5. Date of Birth.....
6. Year of Enrolment..... Year of Examination
7. Address for Correspondence

Scanned/Self
Attested
Photograph

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 **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



WORLD ASSOCIATION OF INTEGRATED MEDICINE

ADMIT CARD

Scanned/Self
Attested
Photograph

Roll No.

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 2021
conducted by **World Association of Integrated Medicine**, Delhi. The centre for examination is will be
.....

Dated:

Signature of the Asst. Registrar