

# ANTARRASHTRIYA VAIKALPIK CHIKITSA VISHVA VIDHYAPEETH

## RASHTRIYA VAIKALPIK CHIKITSA PARISHAD

CENTRAL ACT XXI 1860 THE GOVERNMENT OF INDIA

(Under Guide Line W.H.O, Unicef & Govt. Of India)

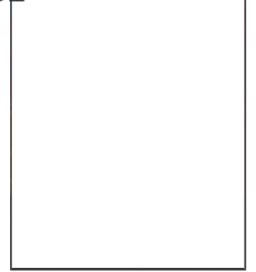
RECOGNIZED BY: SARVOCHCHA VIKAS ABHIYAN BHARAT

AFFILIATED TO: SHREEPANDIT GURUKUL VIDHYAPEETH

INTERNATIONAL ASSOCIATION OD EDUCATION FOR WORLD PEACE

Administration: Office Delhi

[www.vaikalpikchikitsa.com](http://www.vaikalpikchikitsa.com)



FORM No. \_\_\_\_\_

I wish to register for (name of course) \_\_\_\_\_

Name (In Block Letter ) \_\_\_\_\_

Father's/Husband's/Guardian's Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

Pin Code \_\_\_\_\_

Correspondence/Present Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Profession/Occupation \_\_\_\_\_

Educational Qualification \_\_\_\_\_ Additional Qualification \_\_\_\_\_

Experience (If any) \_\_\_\_\_ Medium/Hindi \_\_\_/English \_\_\_/Other \_\_\_

Subscription: Cash/Bank/M.O./D.D./NetBanking/Other \_\_\_\_\_

Identify Card \_\_\_\_\_ (If required fees Rs. 300 Extra) Recommended by \_\_\_\_\_

Name & City as you wish on Certificate \_\_\_\_\_

Attached Documents \_\_\_\_\_

### RULES AND REGULATION:-

- 1 The Board/Council/Parishad is Empowered to cancel the application and registration of any student, if he/she violets the rules Framed by the Board/Council/Parishad.
2. That the Board/Council/Parishad is Empowered to Postpone the examination or to change any of the Rules.
3. That prior to the examination, 80% of the course fee is compulsorily to be Deposited, otherwise the application will be Rejected.
4. That the Deposited Fee will Neither be refundable, nor the name will be changed.
5. That in case of legal Dispute, the Jurisdiction will be Indore courts.

### DECLARATION

1. Hereby Declare that the Information given by me are Entirely true. If any of the information given is False, I will be Eligible for Punishments.
2. That I am fully aware of all the Rules and Conditions Which are binding on me. I know that the of Course duly Recognized by the Madhya Pradesh Govt. & The Govt. of India.
3. I hereby accept all the Rules and Regulations. I hereby duly authorize you to complete the aforesaid medical course examination Forms as per rules and Regulations.

Place \_\_\_\_\_ Date \_\_\_\_\_ Your Faithfully

for Office Use

check by.....C.D. Sing .....

Signature of Applicant