** *Form No.......................***

**ALTERNATIVE MEDICAL COUNCIL ORISSA**

*(An Autonomous Body for Research & Development of Alternative Medicine under Learning Programme)*

**Council for Research and Development of Alternative Medical Science**

**Affiliated with: -** THE OPEN INTERNATIONAL UNIVERSITY FOR COMPLIMENTARY MEDICINES. Established under WORLD HEALTH ORGANISATION, Alma Ata, U.S.S.R declaration 1962

**EXAMINATION FORM**

**1. Student Regd. No. 2. Course**

**3. Course code 4. Session**

**5. Part**

**6. Name**

**7. C/o-**

**8. Address,*Mob No & E-mail***

**9. Date of Birth 10. Religion**

**11. Nationality 12. College Code**

 **13. Sex**

**14. Name of the Institution**

**15- Any 5 Basic subject: - *.ACUPRESURE, HERBAL MEDICINE, ELECTO HOMOEOPATHY,MAGNETO***

 **For AM Course THERAPY, NATUROPATHY, YOGA, HERBALMEDICINE, ACUPUNCTURE,**

 **AROMATHERPY**

 **Date- *Signature of the Student***

***Place-***

**\*Mobile number and E mail are mandatory inquiry.**