**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**

**RENWAL FORM**

**1. Practioner’s Regd. No.**

**2. Course- 3. Course code-**

**4. Session - 5. Exam Roll No-**

**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-Date of Registration-**

**16-Date of Result Publication-**

**Date- *Signature of the Practioner’s***

**Place-**

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

**Attactched all certificate photocopies.**