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**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

**UNDERTAKING**

**STUDENT**

**After study the rules and regulations I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,S/O D/o W/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ aged about \_\_\_\_\_\_\_\_\_\_\_ I offer myself as a candidate and hereby declare that the entries made by me in the application form are complete and true to the best of my knowledge and based on the records. Date: -**

**Signature of the Practinoner/Candidate**

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

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**PRACTITIONER**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,S/O\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ aged about \_\_\_\_\_\_\_\_\_\_\_ hereby declare that I am a practitioner in the field of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of Alternative System of Medicine only and will not involve in any type of surgery of modern system of medicine and in any type of stocking or selling of any kind of medicine under the registration certificate certify by Alternative Medical Council(AMCO).I will obey all the rules, regulations and code ethics prescribe by the council. If I will found any illegal activities then council will not any concern responsible for that.**

**Date: - Signature of the Practinoner/Candidate**

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