



Est. 2011

Board of Health Education & Yoga Alternate Medicine

स्वास्थ्य शिक्षा एवं योग, अलटर्नेट मेडिसिन बोर्ड

Certified From: Central Vigilance Commission, ISO Company, National Human Rights Commission, India

Running Under Guide Lines of Indian Govt. Education Act. 1986

ADMISSION FORM

Affix
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Size photo

(FOR OFFICE USE ONLY)

Form No..... session.....

Roll No.....Enrollment No.....

Registration no..... File No.....

(Please Fill the Admission form in **Capital Letters**)

Course Applied For: _____

Center Code: _____

Regular Part Time

Applicant Name (As in High School):

Father's Name:

Mother's Name:

Date of Birth..... /...../.....

Nationality..... **Category (SC/ST/OBC/GEN)**.....

Marital Status: Single/Married.....

Gender: Male/Female.....

Student Signature:

Coordinator Signature:

FEE PAID DETAIL:

Fee Receive (Rs.)..... (In Words):.....

By Cash/Cheque:..... of Bank..... Dated:.....

BRANCH:.....

141, KRISHNA STREET, AMRITSAR-SRINAGAR HIGHWAY
PUNJAB(INDIA)-143531

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