



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

**PRACTITIONER REGISTRATION FORM**

Affix  
Recent passport  
Size photo

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

**COURSE:** \_\_\_\_\_

Center Name: \_\_\_\_\_

Registration No. \_\_\_\_\_ Enrollment No. \_\_\_\_\_

Session \_\_\_\_\_

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:** .....

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

[www.heyam.webnode.com](http://www.heyam.webnode.com) [www.bheyamindia.com](http://www.bheyamindia.com)