



ADMISSION FORM

(FOR OFFICE USE ONLY)

Form No..... Session.....
ID No..... Enrollment No.....
Registration no..... File No.....

Affix
Recent passport
Size photo

(Please Fill the Admission form in Capital Letters)

Course Applied For.....

Center Code:

Regular..... Executive..... Part Time.....

Applicant Name (As in High School):

Father's Name:

Mother's Name:

Date of Birth / / (Attach Relevant Certificate)

Nationality..... Category SC ST OBC GEN (Attach Relevant Certificate)

Marital Status: Single Married

Gender: Male Female

Address For Correspondence:

City..... Pin Code.....

Contact NO. Landline no..... Mobile no.....

Father's Mobile NO..... Mother's Mobile No.....

Detail of Qualification Exam

S.No.	Exam Passed	Degree/Diploma	University/Board	Subject	Year Of Passing	%	Division
1	Xth						
2	XIIth						
3	Graduation						

HEALTH EDUCATION & YOGA ALTERNATE MEDICINE

RZ/G-140, NEAR HANUMAN MANDIR, 50 FEET ROAD, NIHAL VIHAR, NANGLOI, NEW DELHI-110041

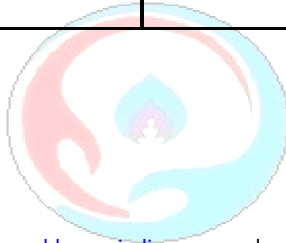
www.bheyamindia.com



4	Post Graduation				
5	Others				

Interest Course				
S.no	Scholarship Course Name	Date	Roll No.	Result Status
1				
2				

Document Attachment				
S.No	Examination	Original Copies	Attested Copies	Undertaking
1	X (Mark sheet /Certificate)			
2	XII (Mark sheet /Certificate)			
3	Graduation(Mark sheet /Certificate)			
4	Post Graduation(Mark sheet/Certificate)			
5	Certificate of Category			
6	Transfer Certificate /LC			
7	Migration Certificate			
8	Domicile Certificate			
9	Others			



DECLARATION:

I hereby that I have read the council website www.bheyamindia.com and understood the condition of the eligibility for the programmed for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidate shall be liable to cancellation by the Council at any time and I shall not be entitled to refund of any fee paid by me to the Board of Health Education & Yoga Alternate Medicine, NEW DELHI.

Student Signature: Parents Signature :

For Office Use Only	
Fee Receive (Rs.) :	(In Words) :
By Cash/Cheque :	of Bank : Dated:
Account officer Signature :	(Name) :
Form Checked & Verified By:	Dated :