INTERNATIONAL BOARD OF ALTERNATIVE MEDICINE & NATURAPATHY

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From No. New Add/20-22

1. Name in full (Block Letters): □□□□□□□□□□□□□□□□□□□□□□□□□□
2. Father's/Husband's Name : □□□□□□□□□□□□□□□□□□□□□□□□□□
3. Date of Birth : □□ □□ □□□□
4. Qualification……
5 Course to which admission is sough ……
6. Present Address: □□□□□□□□□□□□□□□□□□□□