15TH. INTERNATIONALCONFERENCE, CONVOCATION & AWARDS PRESENTATION CEREMONY
ON COMPLEMENTARY & ALTERNATIVE MEDICINES

on 12th February, 2012

at Science City Auditorium, Kolkata

organised by

Alternative Medical Council Calcutta in association with

INSTITUTE OF ALTERNATIVE MEDICINES AND RESEARCH

South End Trade Centre (2nd Floor), 8A Diamond Harbour Road,
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Facsimile: +91-33-2438 0326
E-mail: alternativemedicines@live.com

Participant/Awardee Application Form

Please fill in Block letters

FIRST NAME								Affix Recent Passport Size Coloured Photograph
MIDDLE NAME								
LAST NAME								
AWARD APPLIED FOR								
COURSE APPLIED FOR								
AMCC NO				YEAR OF PASSING				
DATE OF BIRTH								
GENDER	MALE		FEMALE		MARITAL STATUS	MARRIED		SINGLE
COUNTRY OF BIRTH			PLACE OF			CITIZENSHIP		
QUALIFICATION								
IN THE FIELD OF								

ADDRESS

FULL ADDRESS					
CITY		POST OFFICE		PIN	
DISTRICT		STATE		COUNTRY	
PHONE		STD		ISD	
CELL		E-MAIL		Website	

FOOD HABIT	VEG		NON VEG	

DATE

Signature of Applicant

OFFICE USE ONLY

PARTICIPANT REGISTRATION NO.	
AWARDEE REGISTRATION NO.	
COURSE REGISTRATION NO	

DATE

Signature of Receiving Officer