



**OPEN INTERNATIONAL UNIVERSITY FOR
ALTERNATIVE MEDICINES(OIUAM)**



**affiliated to
NATIONAL BOARD OF ALTERNATIVE MEDICINES
(N.B.A.M)**

Authorized. Ministry of Health & Family Welfare, (Department of Health Research)

Government of India, Vide their Letter No. V.25011/416/2014-HR(Vol.II), Dt. 09.09.2015,

(Incorporated and Established for the Education, Practice, Research, Development, Propagation and Promotion of Alternative Medicines and to safeguard the interests and rights of the Alternative Medical Practitioners.)

60, Mela Chetty Street, KUTTALAM -609801, Nagai -DT, Tamilnadu, S.India

Ph: 04364-234112, Cell: 97881 81382, 94889 41596, 84898 98474

e.mail : nbam2003@gmail.com / oiuam2003@gmail.com

<http://www.nbaltmed.org> / <http://www.oitunialtmed.net>

CONVOCATION cum CERTIFICATION APPLICATION

1. Applicant's Name in full
(in Block letters)
 2. Father's / Husband's Name
 3. Residential address in full
.....
.....
.....
.....Pin Code.....
 4. Phone / Mobile (If any) :
 5. Sex : Male / Female
 6. Date of Birth and Age :
 7. Applied for the Certification : RMP / Diploma / BASM / MD(AM) / Ph.D.,
 8. Which year you were admitted? : (Calendar year - 20.....
 9. Which year you were completed? : 20.....
 10. Have you got the Provisional Certificate? : YES / NO
 11. Mention your Enrollment NoCourse Registration No.....
 12. Convocation Fee of Rs. 5000 /- for PG, Rs. 4000/- for UG is sent herewith by D.D / M.O
 13. Diploma, RMP and Certificate holders fee of Rs. 3000/- is sent herewith by D.D / M.O
 14. Participation Fee of Rs. 1000/- is sent herewith by D.D / M.O
- D.D / M.O. No..... Dt.....
Bank / PO..... Place.....

1. I have read and understood the rules and regulation of the NBAM and assure that I shall abide by them.
2. I shall also abide by the rules and code of Medical ethics laid down by the **National Board of Alternative Medicines, KUTTALAM -609801** from time to time.

Date:

Station:

Signature of the Applicant