



**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 / iamsr2003@gmail.com
www.nbaltmed.org / www.ointunialtmed.net

CONVOCAATION APPLICATION for
DOCTORATE OF (AM) / (HC)
CERTIFICATE OF EXCELLENCE

1. Applicant's Name in full
(in Block letters with initials)
.....
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 Award of : D.Sc (AM) / D.Sc (HC) / CERT OF EXCEL
8. Which year you have applied? : **2017**
9. Profile of Your Social or Medical Services
have been enclosed herewith. : YES / NO
10. Details of enclosures :

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