



NATIONAL BOARD OF ALTERNATIVE MEDICINES

60, Mela Chetty Street, Kuttalam – 609801,

APPLICATION FOR GOVERNMENT ATTESTATION

(ALL IN CAPITAL LETTERS)

Name of the Course: _____

Name of the Candidate: _____

Nationality: _____

Regn. Number: _____

Phone No: _____ Mobile No.: _____

Email ID: _____

Address: _____

Pincode: _____

ACKNOWLEDGEMENT

I have herewith enclosed a Demand Draft for the sum of **Rs. 15,000/-** towards the fees for the Government Attestation of my Course Completion / Practitioner Registration (R. M. P.) Certificate with the Ministry of Home Affairs and Ministry of External Affairs, Govt. of India drawn on..... dated.....

The Demand Draft Should be drawn in favour of the **SMART EDUCATIONAL TRUST** payable at **KUTTALAM – 609801, Tamil Nadu.**

Enclosures:

1. Copy of National ID Proof (Aadhar Card or Passport)
2. Original Certificate
3. A DD for Rs.15,000/-

LAST DATE : -----

Place:

Date :

Signature of the Candidate