



INSTITUTE OF ALTERNATIVE MEDICINES & NATURAL HEALING
(INSTITUTE FOR NATUROPATHY)

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APPLICATION FORM

FILL IN BOLD & CAPITAL. Both pages need to be filled in and Self-Attested. Submit a soft copy by email and attach Application Form copy along with all other documents.

Date:

Title *: DR. / MR. / MRS. / MS.

Name *: FIRST MIDDLE LAST

Father's name / Husband's name *: FIRST MIDDLE LAST

Name as required on the Certificate *:
(As per Aadhar Card / Passport)

Date of Birth *: DD MM YYYY

Time of Birth: 00 : 00 AM / PM

Place of Birth: District: City: Pincode: State:

Age – years completed *: 00

Postal Address *: House # & Name:

Street Name:

District: City: Pincode: State:

Landmark:

Permanent Address: House # & Name:

Street Name:

District: City: Pincode: State:

Landmark:

Mobile Number *: +00 00000 00000

WhatsApp Number *: +00 00000 00000

Email ID *:

Website:

Subject:

Requirement (which Service / Certificate is required) *:

DIPLOMA / DEGREE / BACHELOR / CMS / CMS&ED

(N.D. & RMP), (B.A.M.S. (NAT.) & RMP) (CMS & RMP) (CMS&ED with RMP)

Fees *(CASH / GPAY / NEFT):

Amount:

Paid On: DD MM YYYY

Details of Payment:

SIGNATURE

(Full Name as on Aadhar Card)

DD. MM. YYYY.

***mandatory information**

Kindly fill in the details and send a copy by email for approval to

altmedicines@gmail.com / info@instituteofnaturopathy.com, and then take 2 printouts and submit the same along with your other documents photos and fees.

Along with the Application Form, following documents need to be submitted.

- 1) PHOTOS of 2 different times / clothing – 4 nos. each.**
- 2) 10TH STD. MARK SHEET & PASSING CERTIFICATE**
- 3) 12TH STD. MARK SHEET & PASSING CERTIFICATE**
- 4) ANY OTHER EDUCATIONAL QUALIFICATION CERTIFICATES**
- 5) ALL OTHER COURSES DONE**
- 6) EXPERIENCE CERTIFICATES**
- 7) AADHAR CARD COPY (Front & Back)**
- 8) PASSPORT COPY (1ST & LAST PAGE) FOR FOREIGN NATIONALS**
- 9) NOTARIZED AFFIDAVIT ON RS.100/- COURT STAMP PAPER (as per format provided).**
Both copies attested by a Notary Public.
- 10) PAYMENT – CASH / GPAY / NEFT only. Attach Proof of Payment.**
Fee is not Refundable or Adjustable in other Courses
- 11) APPLICATION FORM (2 pages).**
- 12) Submit 2 Sets of all above Documents.**

2 sets of all above documents, self-attested. Sign on every document submitted.

Application Form to be attached with each set.

AFFIDAVIT to be NOTARIZED. Both copies to be notarized. Original as well as zeroz copy.

For above certificates there will be no registration in MCI / DCI / NCI / State Medical Faculty or in CMO office because there is no Government's Board for Alternative Medical Studies. But this certificate will be proof of your knowledge. The Verification of your Certificates would be sent to the enquiring authorities as executive of health Department as CMO, MEDIA EXECUTIVE, HON. COURT etc.

CHECK LIST FOR DOCUMENTS

| DOCUMENT | Tick if Submitted | Number of Copies / Pages | OFFICE USE |
|--|-------------------|--------------------------|------------|
| 10 TH / SSC (PASSING CERT. WITH MARK SHEET) | | | |
| 12 TH (PASSING CERT. WITH MARK SHEET) | | | |
| EDUCATIONAL CERTIFICATES | | | |
| PROFESSIONAL CERTIFICATES | | | |
| EXPERIENCE CERTIFICATES | | | |
| ANY OTHER DOCUMENTS | | | |
| AADHAR CARD (ORIGINAL FULL CARD) | | | |
| PASSPORT COPY (1 ST & LAST PAGE) | | | |
| NOTARIZED AFFIDAVIT (ATTESTED BY NOTARY) | | | |
| PHOTOS (2 x 4) | | | |
| FEE (PAYMENT MODE/ SLIP / SCREENSHOT) | | | |
| DATE OF SUBMISSION OF DOCUMENTS | | | |

CHECK-LIST FOR PAYMENT

| PRODUCT | DOCUMENTS ISSUED | CHARGES | APPLICANT TO FILL IN FEES PAID | OFFICE USE |
|--|--------------------|-------------|--------------------------------|------------|
| DIPLOMA | 1 + 1 YEAR MS | 18,000 | | |
| DIPLOMA | 1 + 2 YEARS MS | 45,000 | | |
| CMS / CMS&ED | 1 + 2 YEARS MS | 80,000 | | |
| N.D. (INTERNATIONAL APPLICANTS) | 1 | 1,20,000 | | |
| M.D. (Alt.) (INTERNATIONAL APPLICANTS) | 1 | 1,80,000 | | |
| N.D. (Doctor of Naturopathy) | 1 + 2 YEARS MS | 80,000 | | |
| BAMS (Nat); BAMS (NM) (Bachelors) | 1 + 4 YEARS MS | 1,20,000 | | |
| RMP (Registered Medical Practitioner) | 1 + 1 | 18,000 | | |
| (D. Cu. T) Diploma in Cupping Therapy | 1 | 18,000 | | |
| PROCESSING CHARGES | N.A. | 3,000 | 3,000 | |
| S&H – COURIER (500 / 3,000) (India / International) | N.A. | 500 / 3,000 | | |
| TOTAL | | | | |
| MODE OF PAYMENT | CASH / GPAY / NEFT | | | |
| DATE OF PAYMENT | | | | |

[MS = mark sheet]

APPLICANT FULL NAME :
DATE :

SIGNATURE