



Board of Naturopathy System of Medicine Uttar Pradesh

APPLICATION FORM FOR REGISTRATION IN NATUROPATHY & YOGA SYSTEM

TO,

The Registrar
Board of Naturopathy System of Medicine U.P.
Uttar Pradesh

Affix 4 Recent
Passport size
Photograph

Name (Block Letter).....
Father's Name.....
Date of Birth..... Qualification.....
Address.....
.....
Clinic at.....
..... Contact No.....
Name of Diploma Enrolment No.....
Year of Passing.....

These Documents Must Be Attached:-

1. Attested Photo Copy of All Mark sheet.
2. Diploma Photocopy.
3. Internship Certificates Photo Copy (Not Less Than Six Months)
4. Three Passport Size Photographs
5. Registration Fee: - Rs.

Declaration

I solemnly declare that the above - mentioned facts are correct to that best of my Knowledge and belief.

Applicant Signature

Certified that candidate is benefited student of..... Institution/
College and above information is correct he/she has signed in my presence.

Signature of Principal with Seal

For Office Use Only

Registration No..... Date of Issue.....
Name of Candidate..... W/o, D/o, S/o.....
Address.....

Signature of Registrar