



WORLD INSTITUTE FOR SCIENTIFIC DEVELOPMENT OF ORIENTAL MEDICINE

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ADMISSION FORM

NAME OF THE COURSE SELECTED

Name of the Candidate

Father's Name

Mother's Name

Date of Birth Nationality.....

Address

.....

.....

EmailWebsite (*if any*).....

Mobile.....Telephone.....

Educational Qualification

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Mention how will this course help you ?

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Details of Fee paid (Cheque / Draft / Electronic Transfer)

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Date

Signature