



FORM – VI RULE (9)

NATIONAL BOARD OF ALTERNATIVE MEDICINES

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,
& No. R. 14015/25/96-U&H(R)(Pt), Dt.25.11.2003 & No.V.25011/276/2009-HR,Dt.05.05.2010;
& No. C.30011/22/2010-HR, Dt. 21.06.2011.

FORM OF APPLICATION FOR REGISTRATION

GRADE

A-Special

A

B

C

Applicant's Name : _____

S/o, D/o, W/o : _____

Permanent Address : _____

_____ Pin Code _____

Phone/ Mobile (if any) : _____

Photo affix here and attested
by a Gazetted Officer

To **THE REGISTRAR,**
National Board of Alternative Medicines, 60, Mela Chetty Street, Kuttalam - 609 801,
Nagapattinam District, Tamil Nadu, South India.

Sir,

1. I have the honour to request that my name may be registered under the rules for the registration of Alternative Medical Practitioners and that I may be furnished with a Certificate of Registration.
2. The information necessary for registration is furnished on the reverse.
3. The certificates required are also furnished in the prescribed forms.
4. The Documents required for Registration are enclosed herewith as per noted in the application.
5. The Xerox copy of Diploma / Degree / Certificate, which I possess is forwarded herewith.
6. The Registration fee of Rs 15,000 is sent herewith attached by DD No.: _____
Dt _____ Bank _____
Place _____

I hereby declare to abide by the code of Medical Ethics.

Date :

Yours faithfully,

Station :

(Signature) _____

Enclosures Required

1. 4 copies of Passport size photographs
2. Attested or Xerox copies of the General Qualification certificate,
3. Attested or Xerox copies of the Medical Qualification for MD (AM)
4. Xerox Copy of Residential Proof (Aadhar, Ration Card, Voter ID etc.,)
5. Age Proof (TC, Mark List, Passport etc.,)

1. Applicant's Name in full (in block letters)	...					
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 (Proof to be furnished)	...					
7. Blood Group	...					
8. Identification Marks any one	...					
9. Medical Qualification, if any (Tick)	...	Experience / Certificate / Diploma / UG / PG				
10. System of Medicine being practiced	...	Alternative Medicine / Indo-Allopathy / Electro - Homoeopathy / Acupuncture				
11. Practical Experience	...					
12. Places and periods of Continuous Private Practice	...					
13. System of Medicine in which registration is required	...	Alternative Medicine / Indo - Allopathy Electro - Homoeopathy / Acupuncture				
14. Whether applied for registration before either to this council or to any other registering body and if so, the result of such application	...					
15. Any further information	...					
16. In which Grade to be regd.	...	<table border="1"> <tr> <td>A-Special</td> <td>A</td> <td>B</td> <td>C</td> </tr> </table>	A-Special	A	B	C
A-Special	A	B	C			
17. Village	Taluk	District				
.....	State				
					

Date :

Signature of the applicant.

- I have read and understood the rules for the registration of Alternative Medical Practitioners and shall abide by them.
- I shall also abide by the rules and code of Medical ethics laid down by the National Board of Alternative Medicines from time to time.

Date :

Station :

Signature of the applicant.

All fees should be made as DD in favour of the
President, National Board of Alternative Medicines (NBAM), Kuttalam - 609 801
Or Remit in the NBAM A/C No. 34376721591 - SBI, Kuttalam - Branch,
(Br. Code No.12794), (IFS Code :SBIN0012794)

All fees should be made as DD in favour of the
Chairman, Smart Educational Trust, (SET), Kuttalam – 609801
Or Remit in the SET A/C No. 6493312334 – Indian Bank, Kuttalam - Branch,
(Br. Code No. 2744), (IFS Code :IDIB000K288)