



Est. 2001 Gov. Reg. No. 40950M
Board of Health Education & Yoga Alternate Medicine
स्वास्थ्य शिक्षा बोर्ड और योग वैकल्पिक चिकित्सा बोर्ड

Certified From: Central Vigilance Commission , ISO Company, National Human Rights Commission , India
Promoted & Managed By: Paras Shaikshik Ashaye Viklang Mandbudhi Sahayarth Samiti
Plot No. 188/89, Lala Ugrsain Building, Opp. Shiv Mandir, Nr. Pavlikhas Railway Phatak, Modipuram (Meerut)

ADMISSION FORM

(FOR OFFICE USE ONLY)

Form No..... session.....

ID No..... Enrollment No.....

Registration no..... File No.....

Affix

Recent passport

Size photo

(Please Fill the Admission form in Capital Letters)

Course Applied For:

Course Code:

Regular..... Executive..... Part Time.....

Applicant Name (As in High School):

Father's Name:

Mother's Name:

Date of Birth / / (Attach Relevant Certificate)

Nationality..... Category (SC/ST/OBC/GEN)..... (Attach Relevant Certificate)

Marital Status: Single/Married.....

Gender: Male/Female.....

Address For Correspondence:

.....
.....
.....

City..... Pin Code.....

Contact NO. Landline no..... Mobile no.....

Father's Mobile NO..... Mother's Mobile No.....

**PLOT NO. 188/89,LALA UGRSAIN BHAWAN,OPP.
SHIV MANDIR,NEAR PAVLI KHAS RAILWAY PHATAK,MODIPURAM,MEERUT,UP
Whatsapp @6397129842, 8360344738,9027343379**



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bynrdindia
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Detail of Qualification Exam

S.No.	Exam Passed	Degree/Diploma	University/Board	Subject	Year Of Passing	%	Division
1	Xth						
2	XIIth						
3	Graduation						
4	Post Graduation						
5	Others						

Interest Course

S.no	Scholarship Course Name	Date	Roll No.	Result Status
1				
2				

Document Attachment

S.No	Examination	Original Copies	Attested Copies	Undertaking
1	X (Mark sheet/Certificate)			
2	XII (Mark sheet/Certificate)			
3	Graduation(Mark sheet/Certificate)			
4	Post Graduation(Mark sheet/Certificate)			
5	Certificate of Category			
6	Transfer Certificate /LC			
7	Migration Certificate			
8	Domicile Certificate			
9	Others			

DECLARATION:

I hereby that I have read the council website www.bynrdindia.com and understood the condition of the eligibility for the programmed for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidate shall be liable to cancellation by the Council at any time and I shall no be entitled to refund of any fee paid by me to the Board of Health Education & Yoga Alternate Medicine

Student Signature: Parents Signature:

For Office Use Only	
Fee Receive (Rs.):.....	(in Words):.....
By Cash/Cheque:.....	of Bank.....Dated:.....
Account officer Signature:.....	(Name):.....
Form Checked & Verified By:.....	Dated:.....

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