



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.....

Paras Shaikshik Ashaye Viklang Mandbudhi Sahayarth Samiti
Plot no.188/89,Lala Ugrsain Bhawan, Opp. Shiv Mandir
Nr Pavli Khas Railway Phatak,Modipuram
Meerut-250110



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)

Detail of Qualification Exam

S.No.	Exam Passed	Degree/Diploma	University/Board	Subject	Year Of Passing	%	Division
1	Xth						
2	XIth						
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.herci.in 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 any time and I shall not be entitled to refund of any fee paid by me to the Board of Health Education & Yoga Alternate Medicine, Meerut.

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:.....

Paras Shaikshik Ashaye Viklang Mandbudhi Sahayarth Samiti
Plot no.188/89,Lala Ugrsain Bhawan, Opp. Shiv Mandir
Nr Pavli Khas Railway Phatak,Modipuram
Meerut-250110



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)



bynrdindia

Paras Shaikshik Ashaye Viklang Mandbudhi Sahayarth Samiti
Plot no.188/89, Lala Ugrsain Bhawan, Opp. Shiv Mandir
Nr Pavli Khas Railway Phatak, Modipuram
Meerut-250110