



# National Institute of Unani Medicine, Bangalore

Application Form For Admission To MD / MS (UNANI) Course (2014 - 15)

Application No : 15551

Registration No : 1456247

## Personal Details

Name

Date of Birth

Gender

Category

Nationality

Whether Physically Disabled

Whether GOI Nominee

Whether Govt.In-Service Candidate

Domicile State

Mothers Name

Fathers Name

Permanent Address for Correspondence

Permanent Address

Mobile No

Phone No

Email ID



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## Details Of Qualifying Examination

College

University

Date of completion of Internship

Percentage

Examination	Maximum Marks	Secured Marks	No of Attempts	Passed Month
I				
II				
III				
IV				
V				

## Details Of Fee

Challan No

Date

Amount

Name of the Bank

Branch Name with Place

## Declaration By The Applicant

I \_\_\_\_\_, Son / Daughter of \_\_\_\_\_ declare that all the statements given in this application form are true to the best of my knowledge. I understand that if any of the statements are found wrong, my admission stands cancelled. If admitted, I will abide by the rules and regulations in force in NIUM and as amended from time to time and pay the prescribed fees.

Date : -----

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Place : -----

Signature of the Candidate

For Office Use : Date of receiving of application ..... Fee Paid Rs .....

Signature of receiving Clerk .....