



EXAMINATION FORM

Form Fees:- Rs 200/-

S.No.....

BOARD OF NATUROPATHY SYSTEM OF MEDICINE U.P.

Session Dec/ June..... B.N.Y.S(1st, 2nd, 3rd, Final Year) D.N.Y.S(1st, 2nd, Final) C.N.Y.S, PG.N.D

All entries must be filled by the candidate himself/herself in CAPITAL letter. Put \checkmark for Yes or \times for No and NA where Not applicable in the box. The Examination Form Contain Two Pages

ENROLMENT No.

(Leave Blank)

ROLL No.

(Leave Blank)

Course Applied For

Paste the Recent passport size photograph Attach 4 photographs

(As entered in Secondary / Senior Secondary Certificate)

Sign. Of candidate

NAME OF CANDIDATE

FATHER'S NAME

MOTHER'S NAME

DATE OF BIRTH GENDER MALE FEMALE

PERMANENT ADDRESS

City _____ State _____ Ph.No. _____

Mo. _____ E-mail _____

MAILING ADDRESS

City _____ State _____ Ph.No. _____

Mo. _____ E-mail _____

NAME OF COLLEGE

NATIONALITY Indian Other _____ (Specify Country name)

CATEGORY General OBC SC ST

SUBJECTS/PAPER TO WHICH CANDIDATE APPEARING

1. _____
2. _____
3. _____
4. _____
5. _____

Details of previous Examination Passed From Other Board/ University (Enclose Duly Attested / Self Attested Photocopy of a previous year passed Mark sheet)							
S.No	Name of Exam	Roll No.	Year of Passing	Marks Obtained	Name Of Board	Pass/ Fail	percentage

Declaration by the Applicant

I have read and understood the rules and regulation of the university and satisfied myself that I fulfill the eligibility condition as laid down in the prospectus. I have furnished necessary information / document(s) correctly I shall submit any other document (s) that may be required in the future. I understand that my candidature is liable to be cancelled by the **BOARD OF NATUROPATHY SYSTEM OF MEDICINE UTTAR PRADESH** / document (s) submitted herewith is found incorrect or misleading. Further, the Board has full authority to take appropriate action which shall be acceptable to me. In future also, if any information submitted by me is found incorrect, the Board has the authority to cancel the Certificate at any time

Date ____/____/____ (DD/MM/YY)

Signature of a Candidate
(In Running Writing)

Certified that the document produced and verified by the student, as given above, have been re-verified and stamped by the undersigned and are correct, I am responsible for any discrepancies in the details given above.

Certified that the candidate has signed the form in my presence.

Date ____/____/____ (DD/MM/YY)

Signature of head
With seal

Instructions

1. Admission form found incomplete in any circumstances cannot be accepted.
2. Suppression or Furnishing of any false information by a candidate will lead to immediate cancellation of his/her form.
3. There is no refund of fees under any circumstances.

Name of Candidate _____
 Father's name _____
 Mother's name _____
 Postal Address _____

 Pin Code _____
 Phone No. _____

Affix recent
Passport size
photo

Signature of a Candidate