



Alternative Medical Council Calcutta

Rs. 50

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Stamp Size
Photo

Sl. No. _____

Admission Form

(Fill up the form in Capital Letters)

Form No. _____ Date of Student Registration : _____
 (Office Use only)

Name : _____

Father's name : _____

Date of Birth : _____ Sex : Male/Female. Marital Status : Single/Married/Widow

Husband's name : _____

Religion : _____ Nationality : _____

Qualification _____

Address	Printed address
Vill/Road : _____	Vill/Road : _____
P.O : _____	P.O : _____
Dist : _____	Dist : _____
Pin/Zip Code _____	Pin/Zip Code _____
State/Province _____	State/Province _____
Country _____	Country _____
Phone _____	Phone _____
Mobile _____	Mobile _____
E-Mail _____	E-Mail _____

Important Information

Course Catagory _____ Course name : _____

Course Duration : _____ Type of Course : Regular/Distance/Correspondence

Session. _____ Course Code : _____

Institute name : _____ Institute Code : _____

Date : _____ Signature _____

Office Use only

Student Registration No. _____ Date : _____

Date of Exam. Part-(i) _____ Date of Exam. Part-(ii) _____

Date of Exam. Part-(iii) _____ Date of Exam. Part-(iv) _____

AMCC No. _____ Date of Issue _____