



Alternative Medical Council Calcutta

Rs. 100

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Principal
Photo

Sl. No. _____

Affiliation Form

(Fill up the form in Capital Letters)

College Name : _____ College Code : _____

College Phone No.: _____

College Address : _____

P.O : _____ P.S _____

Dist : _____ Pin/Zip Code _____

State/Province : _____ Country : _____

College Web address : _____

Date of College Affiliation : _____ College Strength : _____

Principal Details

Principal Name : _____

Principal Phone No. : _____

Principal E-Mail : _____

Principal Address : _____

P.O : _____ P.S: _____

Dist : _____ Pin/Zip Code : _____

State/Province : _____ Country : _____

Governing Body

President : _____ Ph. _____

Vice President : _____ Ph. _____

Secretary : _____ Ph. _____

Asstt. Secretary : _____ Ph. _____

Treasurer : _____ Ph. _____

Asstt. Treasurer : _____ Ph. _____

Member : _____ Ph. _____

Date : _____

Signature