



# INSTITUTE OF HEALTH SCIENCES

Affiliated to

## COUNCIL OF ALTERNATIVE SYSTEMS OF MEDICINES

Incorporated with the Act.XXVI 1961 of Government of West Bengal, based on Central Govt .of India Act XXI of 1860 and Literary & Scientific Institution Act. of 1854. Established in 1985  
Applicable to Advancement and promotion of Alternative Medical science of several States of India

105,Kanungo Park, Kolkata-700 084, India

Phone: (033) 24306297 Cell: 098361 74664 website: [www.casm.in](http://www.casm.in)

### APPLICATION FOR ADMISSION

Affix colour  
passport  
size  
photograph

Enrolment No. \_\_\_\_\_  
(Office use only)

Candidate's Mobile No. \_\_\_\_\_

&

E-mail \_\_\_\_\_

(To be filled in by the Candidate in his/her own hand writing in Block Letters)

Course Applied for \_\_\_\_\_

Name(Block Letters): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_

Community: OC  BC  MBC  SC  ST

Address for Comunication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Particulars of Demand Draft:

D.D.No. \_\_\_\_\_ Rs. \_\_\_\_\_

Date: \_\_\_\_\_ Bank \_\_\_\_\_

Examination Passed	Name of the School/ College last studied	Reg.No.	Subjects	Month & Year of Passing	Percentage Of Marks

*(Enclose a attested copies of Plus Two Mark Sheet and UG/PG Provisional Certificate or Degree Certificate)*

### **DECLARATION OF THE CANDIDATE**

I, \_\_\_\_\_ hereby declare that the particulars given above are true. If any of the particulars furnished are found to be false, I agree to forfeit my admission.

Date: \_\_\_\_\_

Signature of the Candidate

Note: The following documents must accompany the filled-in application.

- i) Xerox copy of Hr. Secondary Mark Statement, Provisional or Degree Certificate.
- ii) Three passport size photos extra.
- iii) Demand Draft for Prescribed fee in favour of "INSTITUTE OF HEALTH SCIENCES" payable at KOLKATA

### **For office use only**

Certified that the Application is scrutinised, and the candidate is found eligible   Signature of the Council Officer with seal	Admitted/ Not Admitted   <div style="text-align: right;"><b>DIRECTOR</b></div>
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