



**Yorks College of Natural Medicine**  
(UK & Canada)

(Only for Complementary Medicine Courses) Application Form (ACF-1)

**Important :**  
**Write / Type in black ink only.**  
**Use extra sheet, if required.**  
**Attach photocopies where mentioned in this form.**  
**Attach proper fees.**  
**Attach 2 PP Pictures**

Name of the Course : \_\_\_\_\_

Tick the mode of the Course :       Online       Correspondence

Country of applicant's residence : \_\_\_\_\_

Title : (Mr/Mrs/Miss/Dr/Ms/Rev) \_\_\_\_\_

Full Name : \_\_\_\_\_

Date & country of Birth : \_\_\_\_\_

Marital Status :       Single       Married       Divorced  
 Other, explain \_\_\_\_\_

Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Details:  
Telephone No. with Country Code : \_\_\_\_\_

Mobile No. with Country Code : \_\_\_\_\_

Email address : \_\_\_\_\_

Your Present Occupation :       Student       Job       Business  
(Tick one or more)       Doctor       Manager       Other

If you tick on 'Other', explain : \_\_\_\_\_

Employment / Business / Student  
History for the last 5 years  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach copy of experience cert. or Practice Regn. Or business  
Regn. or Student details, whatever is applicable in your case)

Academic Qualifications (Mention the highest one) : \_\_\_\_\_

Name of the Institution : \_\_\_\_\_

Year of Passing : \_\_\_\_\_ (attach copy of academic qualifications)

Professional Qualifications:(Mention the highest one) : \_\_\_\_\_

Name of the Institution : \_\_\_\_\_

Year of Passing : \_\_\_\_\_ (attach copy of professional qualifications)

Have you ever been convicted or  Yes  No

have criminal record :

If Yes, explain : \_\_\_\_\_

Any other information you wish to give \_\_\_\_\_

### Declaration by applicants

(must be signed and dated before the application can be accepted)

I certify that the information on this form and the supporting documents are correct and complete. I acknowledge the provision of incorrect information or documentation relating to my application may result in cancellation of my enrolment and my application fee will not be refunded. YCNM would be free to take any action, if it may deem fit, if the declaration is found to be false.

\_\_\_\_\_  
(Applicant's Signature)

(Place) \_\_\_\_\_ (Date) \_\_\_\_\_

### Official Use only

Eligible for the applied course:  Yes  No

Admission granted :  Yes  No

Complete documents / photos recd  Yes  No

Requisite fee received :  Yes  No

(If) Pending, Reasons: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Application Number \_\_\_\_\_ Roll Number : \_\_\_\_\_

Course start date \_\_\_\_\_ Course duration \_\_\_\_\_

Admission details sent to student by mail / courier on \_\_\_\_\_

Remarks: \_\_\_\_\_

(Admission Controller)

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