



YCNM

Yorks College of Natural Medicine (UK & Canada)

(Only for the issuance of Duplicate Certificate) Application Form (YDC-1)

Application for the issuance of Duplicate Certificate

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

Country of applicant's residence : _____

Title : (Mr/Mrs/Miss/Dr/Ms/Rev) _____

Full Name : _____

Date & country of Birth : _____

Correspondence Address : _____

Contact Details:

Telephone No. with Country Code : _____

Mobile No. with Country Code : _____

Email address : _____

Your Present Occupation :
(Tick one or more)

Student Job Business

Doctor Manager Other

Name of the Course Completed from YCNM _____

(if photocopy of YCNM certificate available, please attach.)

Roll No. issued by YCNM _____

Year of Passing : _____

Why Duplicate Certificate is required, What happened to the Original Certificate issued by

YCNM, tick one box

Lost Damaged Stolen

Other

If other, please 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 this application 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

Application accepted : Yes No

Duplicate certificate to be issued : Yes No

Complete documents / photos recd Yes No

Requisite fee received : Yes No

(If) Pending, Reasons: 1) _____ 2) _____ 3) _____

Application Number _____ Roll Number : _____

Duplicate Certificate sent by mail / courier on _____

Remarks: _____

(Administration Officer)

Date: _____