



ALTERNATIVE MEDICINE BOARD OF INDIA

Regd. IN-UP75805416999667U Govt. of U.P. India
Ghumchi, Post- Dindai, Distt- Siddharthnagar, U.P. (272151)
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ATC FORM

ATC Code :
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Reg. Year :

Photo

Contact & Address

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Email :

Address :

State :

District :

Pincode :

ATC Head Name :

Father Name :

Gender :

Cast :

Nationality :

ATC Head Contact & Address

Contact : Email :

Address :

State :

District :

Pincode :

ID. Proof :

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I hereby declared that information provided above is true and complete to the best of my knowledge and belief and my admission may be and state if it is found to be incorrect I also undertake so to abide by all rules and regulations of the AMBI form time to time.

Date :

ATC Head Sign.