



AUM ORGANISATION INC.

(An Organization for Integrated Health and Holistic Care)

Head Office: 12-21, Liberty Avenue, Richmond Hill, NY,11419 USA

Asian Office: N-10/60,C-1, Kakarmatta, Varanasi,UP.221009,INDIA

ADMISSION FORM

1. Course Code
2. Name of the course & its abbreviation.....
3. Name of the Applicant.....
4. Date of birth.....
5. Identity Card /Social Security #.....
6. Address for communication
- (Please, mention Phone, Fax, E-mail)
-
7. Profession
- (If employed, please furnish details of service)

8. How do you know about the organization? Media/ Paper/Pamphlet/Peoples
9. Mode Study:
 - (I)Direct Education.

 - (II)Distance Education
10. Educational Qualification.....
11. Enclosures:
 - Address Proof.
 - Educational proof.
 - Photo identity Proof.

Self
Attested
Photograph

Dated.....

Signature of the Applicant

PAYMENT DETAILS

I am herewith making the Payment of US \$ /INR..... by
Cash/DD/Pay order No.....Dated..... ofBank payable at
NY,USA/Varanasi on account of fee for (*Name of the course*).....

Dated:.....

Signature of the Applicant

DECLARATION

I hereby declare that the information given in the form
are true to the best of my knowledge and believe. I have not concealed any fact, should
it be so my registration is liable to cancelled. I also declare that if any thing goes wrong
due to me I will be held responsible for the same. I am ready to follow all the rules and
regulations laid down by the Organization.

Dated:.....

Signature of the Applicant

FOR OFFICE USE ONLY

