



Federation of Acupuncture System of Therapy Board

Registered Under Act XVII of 1960 by the Government of Karnataka, Based on Central Govt. Act XXI of 1860,
The Literacy & Scientific Institutions Act of 1854.
(An ISO 9001:2015 Certified Institution).

Affix the Photo

APPLICATION FORM FOR ADMISSION (Write in CAPITAL letters only)

PROGRAM APPLIED FOR:

ACADEMIC YEAR:

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Name of the Study Centre:

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1. Name of the Application as in the Birth Certificate or Marks Card of Standard X Exam:

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2. Father's Name:

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3. Sex:[Tick the appropriate]

MALE FEMALE

Date Month Year Age

4. Date of Birth & Age:

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5. Nationality

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6. Complete Address for Correspondence (Do not repeat the name):

City State Pincode

Country STD Code Ph No.

Mobile: E - Mail:

7. Permanent Address (Do not repeat the name):

City: State: Pin Code:

8. Details of Educational Qualification (From X Standard onwards) :

Sl. No.	Name of the Qualifying Exam	Year of Passing	Name of School / College	Name of the University / Board	Certificate No.	% of Marks

DECLARATION:

I hereby declare that the information furnished herein are true and correct to the best of my knowledge and belief. In the event of suppression or distortion of any fact like educational qualification or nationality, study period etc. Made in my application form, I understand that my admission is liable to be cancelled.

I understand the FEES once paid will NOT be refunded or adjusted to any other programme.

Place:
Date:

Signature of the Applicant

For Study Centre Use only:

STD Code

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Mobile / Ph No.

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E-Mail ID

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I certify that I have personally verified applicant's original documents. It is also certified that this applicant fulfills all the eligibility for admission to the program as per prospectus to the best of my knowledge.

Place:

Signature

Date:

Seal

Documents to be enclosed:

- a) Basic qualification certificates as below
 - **For Graduation course:** 10+2 pass certificate or equivalent as indicated in the prospectus.
 - **For Post Graduation Course:** Graduation pass certificate or equivalent as indicated in the prospectus.
- b) Demand Draft for prescribed fee amount drawn in favour of "F A S T Board" payable at Bangalore (or)

- c) For Online Transaction Info.

SB A/C NAME – F A S T BOARD BANK – SYNDICATE BANK BRANCH -SULTANPALYA A/C NUMBER- 06 98 20 10 03 36 18. IFSC CODE – SY NB 00 00 698. MICR NO. 560025130.

Kindly enclose the online transfer copy or acknowledgment.