



YCNM

# Yorks College of Natural Medicine (UK & Canada)

(Only for the issuance of Duplicate Fee Receipts) Application Form (YDR-1)

## Application for the issuance of Duplicate Fee Receipts

**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 :  Student  Job  Business  
(Tick one or more)

Doctor  Manager  Other

Name of the Course Completed from YCNM \_\_\_\_\_

(if photocopy of YCNM earlier receipts, available, please attach.)

Roll No. issued by YCNM \_\_\_\_\_

Year of Passing : \_\_\_\_\_

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) \_\_\_\_\_

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#### Official Use only

Application accepted :  Yes  No

Duplicate fee receipts 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 fee receipts sent by mail / courier on \_\_\_\_\_

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

**(Administration Officer)**

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