



Yorks College of Natural Medicine
(UK & Canada)

(Only for the issuance of Recommendation Letter) Application Form (YRL-1)

Application for the issuance of Recommendation Letter

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 : _____

Name of the Course Completed from YCNM _____

Roll No. issued by YCNM _____

Year of Passing : _____

Purpose why you require Recommendation Letter from YCNM _____

Name & Address of the Person / Company / Authority in whose favour this recommendation letter is required :

(If any document in support of your application you wish to submit, please enclose)

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

Recommendation letter 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 : _____

Recommendation Letter sent by mail / courier on _____

Remarks: _____

(Administration Officer)

Date: _____