



OFFICIAL USE ONLY

Receipt No.....

Serial No.....

INTERNATIONAL SCHOOL OF HOMEOPATHY

APPLICATION FORM

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY

To be considered for application, you must submit:

1. A COMPLETED APPLICATION FORM

Please Complete the Application in BLOCK CAPITALS. Complete ALL sections of the application form. Illegible or incomplete forms may not be processed.

2. SUBMIT TWO (2) PASSPORT-SIZES PHOTOGRAPH. The pictures must be recently taken and it should be on a white background.

3. OFFICIAL TRANSCRIPTS AND CERTIFICATES

(a) A copy of your complete academic record indicating the subjects studied, grades achieved, and diploma(s)/degree(s) granted must be sent directly to ISOH Admission's Office from each of the institutions attended and must bear the official seal/stamp of that institution/examination body.

(b) Unofficial statements of transcripts/grades/results may be submitted as interim working documents; however, official final transcripts/grades/results must follow them.

(c) If the certificates which you are submitting are not in English, you will be required to provide notarized English translations together with copies of the original certificates.

Note: Application Form Fees, Processing Fees and Admission Fees are not refundable and cannot be deferred.

Direct all inquiries and documents to:

**ADMISSION'S OFFICE
INTERNATIONAL SCHOOL OF HOMEOPATHY B.V.**

PAASHEUVELWEG 40, 1105 BJ AMSTERDAM – NETHERLANDS

E-mail enquiries may be forwarded to: admissions@isoh.nl Website: www.isoh.nl

PERSONAL DATA

APPLICANT'S NAME:
(Surname Middle Name First Name)

CONTACT (POSTAL ADDRESS): POSTAL CODE:

TELEPHONE: E-MAIL:

DATE OF BIRTH: GENDER: MALE FEMALE

NATIONALITY: CITY: REGION:

MARITAL STATUS: (Tick as appropriate) SINGLE MARRIED

HIGHEST QUALIFICATION:

EMERGENCY CONTACT

Full Name:	
Address:	
Relationship:	Mobile:
Email:	Phone:

EDUCATIONAL INFORMATION (Attach Copies of Results Slips and Certificates)

NAME OF INSTITUTION	FROM(YEAR)	TO (YEAR)	AREA OF STUDY	QUALIFICATIONS

I intend to study towards: Certificate Diploma Bachelor Degree

EMPLOYMENT DETAILS

JOB TITLE	EMPLOYER	FROM	TO

REFEREES (Provide Names and Addresses of two (2) Referees)

Full Name:	Full Name:
Address:	Address:
Mobile:	Mobile:
Email:	Email:

TO SUBMIT YOUR COMPLETED FILLED APPLICATION FORM

Scan the completed form and send it to us as an e-mail attachment to: admissions@isoh.nl

Note: Completed Application Forms submitted to ISOH either online or in person will be processed only after the payment of the non-refundable Admission Processing Fees.

Application and Admission Processing Fee = € 250.00

Note: Application Processing Fees are not transferable, non-refundable and cannot be deferred.

Pay-in Your Application Processing Fee into our Bank Account Details Below:

Name: International School Of Homeopathy. BV
Bank Name: BUNQ BANK. Netherlands
IBAN: NL58BUNQ2034559762
SWIFT/BIC: BUNQNL2AXXX

For directions on how to make Payment

Email us: admissions@isoh.nl
Or: isoh.admission@gmail.com

I declare that all the answers to this application are complete and accurate to the best of my knowledge including the information on my academic background. I have been informed on the regulations of admittance to the school and on the tuition fee. I am warned that failure to report all the complete and accurate information will invalidate my application and my result in invalidity of a qualification obtained if admitted.

Signature of Applicant

Date

FOR OFFICIAL USE

Application Approved Application not Approved

Comments.....

Authority's Signature Date.....