



Acupressure
An ISO 9001:2008 Certified Institute

Sansthan (Regd.)

(ALTERNATIVE, NATUROPATHY RESEARCH, TRAINING & TREATMENT INSTITUTE)

Registered by the Government of Rajasthan 17/18/322/2012

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APPLICATION FORM

PHOTO

Form/Regd. No.

I Wish to Register Myself for (Name of Course): _____

1. Full Name (In Hindi): _____

2. Name (In English Block Letters):

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3. Gender/Sex:- Male, Female

4. Father's/Husband's/Guardian's Name:

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5. Permanent Address: _____
_____ Pin:

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6. Correspondence Address: _____
_____ Pin:

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7. Phone :

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 Mobile :

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8. Date of Birth:

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 Nationality: Indian, Other

9. Profession: _____ Email : _____

10. Educational Qualifications: _____ Additional Qualification: _____

11. Experience (If Any): _____

12. Medium: Hindi, English, Recommended By: _____ Sig. _____

13. Subscription: Cash SBI Bank/D.D./Cheque No. _____ Net Banking
 CC Avenue Amount: _____ Date: _____

14. Course By: Regular with Practical, Correspondence, By Internet, By Camp

15. Therapist Identity Card Requirement: Yes No (Charges will be Extra Rs. 300 / \$15)

16. ATTACHED DOCUMENTS :- _____

This is to confirm that I wish to enroll myself for the course. I hereby declare that above information is true to the best of my knowledge & belief.

Place: _____ Date: _____ Yours Faithfully

for office use :

Check by: _____ Course Director Signature: _____ Signature of Applicant