



ACUPRESSURE RESEARCH, TRAINING & TREATMENT INSTITUTE

CONDUCTS COURSES ON ACUPRESSURE, MAGNET, SU-JOK, PYRAMID, YOGA & OTHER ALTERNATIVE THERAPIES (Regd.)

Registered by the Government of Rajasthan under act 1958 (Reg. No. 156/JU/06)

Based on the Central Government of India Act. XXI of 1860 (Reg. No. S/77)

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AWARD APPLICATION FORM

Paste
PHOTO
Only One

Form No. _____

I wish to register myself for (Name of award).....

Name (In Block Letter) _____ Sex -M/F

Father's/Husband's/Guardian's Name _____

Permanent Address _____

_____ Pin _____

Correspondence / Present Address _____

Phone _____ Mobile _____ E-mail _____

Religion/Caste _____ Blood Group _____ Website _____

Date of Birth _____ Nationality _____ Profession/Occupation _____

Educational Qualification _____ Additional Qualification _____

Experience _____

Process Charge: Cash /Bank /M.O./D.D./Net Banking/Other _____

Name & City as you wish on Certificate _____

Attached Documents/Report _____

Attached Treatment Case History _____

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

Place _____ Date _____

Your faithfully

For Office Use

Check by..... Secretary.....President.....

Signature of Applicant

Remarks.....