



# 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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## COURSE APPLICATION FORM

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Form / Reg. No. \_\_\_\_\_ Date \_\_\_\_\_

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

Name (In Block Letter) \_\_\_\_\_ Sex – M.../F...

Father's/Husband's/Guardian's Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

City/Town/Work Place/District \_\_\_\_\_ State \_\_\_\_\_ Zip/Pin \_\_\_\_\_

Correspondence / Present Address \_\_\_\_\_

City/Town/District \_\_\_\_\_ State \_\_\_\_\_ Zip/Pin \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Religion/Caste \_\_\_\_\_ Blood Group \_\_\_\_\_ Website/FB \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Nationality \_\_\_\_\_ Profession/Occupation \_\_\_\_\_

Educational Qualification \_\_\_\_\_ Additional Qualification \_\_\_\_\_

Experience (If any) \_\_\_\_\_ Language Medium-Hindi\_\_\_/ English\_\_\_/Other\_\_\_

Course Mode: By Regular \_\_\_ By Correspondence/Distance Learning \_\_\_ By Internet/Online\_\_\_ By Camp\_\_\_

Reading Material Send by – Regd. Post.....Courier.....by Hand.....E-mail.....In Class.....

Identity Card \_\_\_\_\_ (If required fees Rs 300 Extra) Recommended by \_\_\_\_\_

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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.

Your faithfully

For Office Use : Check by..... C. D. Sign.....

Remarks.....

(Signature of Applicant)