

**CHANDIGARH ACUPRESSURE HEALTH CENTRE
KOTHI NO.1469, SECTOR 42-B, CHANDIGARH-160 036**

For office
use only:
Registration
No:
Date:

**APPLICATION FOR ADMISSION TO
PRACTICAL TRAINING COURSE**

Affix your
Latest passport
size photo
here.

1. NAME IN BLOCK LETTERS: _____

2. FATHER'S/HUSBAND'S NAME: _____

3. DATE OF BIRTH: _____

4. PERMANENT ADDRESS: _____

5. TELEPHONE NUMBER: LAND LINE: CODE _____ NUMBER _____

MOBILE: _____

E-MAIL ADDRESS: _____

6. EDUCATIONAL QUALIFICATION: _____
(Please attach self-attested copies of certificates)

7. PROFESSIONAL QUALIFICATION: _____

8. PRESENT OCCUPATION: _____

9. BANK DRAFT NO. _____ DATED _____

RS. _____ DRAWN ON _____ (NAME OF BANK)

I hereby declare that the information given above is true to the best of my knowledge and belief and nothing has been concealed therein.

Place _____
Date _____

Signature _____
Enclosures _____

Application form dully filled, dated and signed along with Bank Draft (drawn in favour of Kalyan Singh) encashable at Chandigarh must be sent by Registered Post to:

KALYAN SINGH,
KOTHI NO.1469, SECTOR 42-B
CHANDIGARH- 160036

On Receipt of Application form, acknowledgement will be sent promptly to the applicant.
* Please attach 2 copies of latest passport size photograph along with application form.