

**CHANDIGARH ACUPRESSURE HEALTH CENTRE (REGD.)**

**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.