



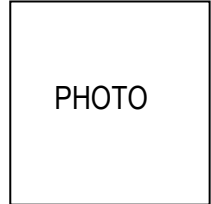
# ACUPRESSURE RESEARCH, TRAINING & TREATMENT INSTITUTE

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

A-13, Kamla Nehru Nagar, JODHPUR-342 009 (Rajasthan) • Tel : 0291-2759042, 3240012 • info@acupressureindia.com • www.acupressureindia.com

## APPLICATION FORM

- |   |  |
|---|--|
| 1. Diploma in Acupressure Therapy (D.A.T.).....             | 2. Diploma in Magnetic Therapy (D.M.T.)..... |
| 3. Diploma in Sujok Therapy (D.S.T.).....                   | 4. Diploma in Reiki Healing (D.R.H.).....    |
| 5. Diploma in Pyramid Therapy (D.P.T.).....                 | 6. Diploma in Vaastu Shastra (D.V.S.).....   |
| 7. Diploma in Yoga Therapy (D.Y.T.).....                    | 8. Diploma in Acupuncture (D.Ac.).....       |
| 9. Diploma in Massage Therapy (D.Ma.T.).....                | 10. Diploma in Feng-Shui (D.F.S.).....       |
| 11. Diploma in Colour Therapy (D.C.T.).....                 | 12. Diploma in Bach Flower (D.B.F.).....     |
| 13. Diploma in Sound Therapy (D.So.T.).....                 | 14. Diploma in Pancha Karma (D.P.K.).....    |
| 15. Diploma in Aroma Therapy (D.Ar.T.).....                 |  |
| 16. Diploma in Nadi Vigyan (D.N.V.).....                    |  |
| 17. Master Diploma in Acupressure Therapy (M.D_Acu).....    |  |
| 18. Master Diploma in Magnet Therapy (M.D_Mag.).....        |  |
| 19. Master Diploma in Sujok Therapy (M.D_Sujok).....        |  |
| 20. Master Diploma in Vaastu Shastra (M.D_Vaastu.).....     |  |
| 21. Master Diploma in Alternative Medicines (M.D_A.M.)..... |  |
- Please tick (✓) the chosen one



Form No. \_\_\_\_\_

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

नाम (हिन्दी में) \_\_\_\_\_

Name (In English Block Letters) \_\_\_\_\_ Sex -M/F

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

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

Pin \_\_\_\_\_

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

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

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Profession \_\_\_\_\_

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

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

Subscription: Cash /Bank /M.O./D.D. \_\_\_\_\_

Recommended by \_\_\_\_\_

Course: By Regular \_\_\_\_\_ By Correspondence \_\_\_\_\_ By Internet \_\_\_\_\_ By Camp \_\_\_\_\_

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.

Place \_\_\_\_\_ Date \_\_\_\_\_

Your faithfully

Check by..... Course Director-Sign.....

Signature of the Applicant