

**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: _____ AGE _____ (Years)
4. PERMANENT ADDRESS: _____
(With Postal Pin code)

5. CORRESPONDENCE / PRESENT ADDRESS: _____
(With Postal Pin code)

6. TELEPHONE NUMBER: LAND LINE: CODE _____ NUMBER _____
MOBILE: _____
E-MAIL ADDRESS: _____
7. EDUCATIONAL / PROFESSIONAL QUALIFICATION: _____
(Please attach self-attested copies of certificates)
8. PRESENT OCCUPATION: _____
9. FEE PAID: Rs. _____ DATED _____
MODE OF PAYMENT: _____

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 _____

Application form duly filled in, dated and signed along with photocopy of documents (Address Proof, Educational certificate and two recent passport size photographs) should be sent by Registered Post to:

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