



Acupressure Shodh, Prashikshan Evam Upchar Sansthan

49/24-A, Minto Road (Behind Boy's High School), Prayagraj-211 001
Phone : 9335105694, 9389111003

E-mail : ayurved_acu@rediffmail.com • Website : www.acusansthan-ald.in

ADMISSION *for* FORM

Correspondence Course Campus Course

Enrollment No.
(To be filled by Office)

Center Code
Semester.....
Session.....
Course Medium (Hindi/English).....

- Certificate in Acupressure Healing Science (CAHS) : Correspondence / Campus
- Diploma in Acupressure Healing Science (DAHS) : Correspondence / Campus
- Advance Diploma in Acupressure Healing Science (ADAHS) : Correspondence / Campus
- Master Advance Diploma in Acupressure Healing Science (MADAHS) : Correspondence / Campus

(Particulars to be filled in correctly and legibly by the candidate)

CANDIDATE Name (Fill in Capital Letters) as per record of Matriculation Cert.

CANDIDATE Father's Name (Fill in Capital Letters)

CANDIDATE Mother's Name (Fill in Capital Letters)

Date of Birth

Nationality

Sex Male Female

Contact No.

Student's Email ID

Permanent Address :

P I N C O D E									

Correspondence Address :

P I N C O D E									

EDUCATIONAL QUALIFICATIONS

Name of Examination	Board / University	Passing Year	Maximum Marks	Marks Obtained	%	Division
High School						
Intermediate						
Graduation						
Post-Graduation						
Any Other						

Documents to be attached with this form :

1. Certificate of 10th or Equivalent for CAHS
2. Certificate of 12th or Equivalent for DAHS & ADAHS
3. Other educational Certificates, if any.
4. One passport size recent photograph extra.

Declaration by the candidate :

1. I have read the Rules and Regulations regarding the concerned programme.
2. I do solemnly affirm that the statement and information furnished by me as above and also in the enclosure submitted are true.
3. I also undertake to pay the College, Hostel and other dues prescribed by the College on due date.

Declaration between Co-ordinator and Student :

As to learn Acupressure, I am opting by study program for Certificate / Diploma / Advance Diploma.

Date _____

Place _____

Signature of the Candidate

Endorsement by Co-ordinator :

Name of the Co-ordinator _____

Address of the Co-ordinator _____

Signature of the Co-ordinator