

Form (A) ASPEUS Training form



**ACUPRESSURE SHODH, PRASHIKSHAN,
EVAM UPCHAR SANSTHAN, ALLAHABAD**

(Regn. No. 278/98 Dt. 04-04-1998, & 2197-2009, Dt. 31-07-2009)
49/24A, MINTO ROAD, ALLAHABAD, 211001

Application Form for Acupressure Training

IMPORTANT: Please fill the form using CAPITAL LETTERS, to ensure your certificate is accurate

Conference* / Basic / Advanced / Residential / Capsule
Teacher's Training - Level 1/2/3/4

of Chinese / Ayurved / EAV / Yogic / _____

Course Dates - From _____ To _____

City _____ Coordinated by _____

Participant's Details: Mr / Ms _____

Current Occupation _____ Daughter / Son of: _____

Date of Birth: ___/___/___ Phone _____ Email id _____ @ _____

Address _____

PIN _____

Acupressure Qualification _____

Highest Educational Qualification _____

Do you wish the Sansthan to provide accommodation? Y/N From ___/___/___ to ___/___/___

*Conference eligibility requires that you should have attended at least one other Sansthan training

I agree to abide by the rules of the Sansthan, I will fill the membership form after my first training.

Signature of Student

Only for office use

Registration Number: _____ Date of receipt: ___/___/___ Receipt Number: _____

Total amt recd: (Training) ₹ _____ + (Accommodation) ₹ _____ Kit Issued? **Yes / No** Accommodation provided? **Yes / No**

Student Receipt:

Registration Number: _____ Date of receipt: ___/___/___ Receipt Number: _____

Total amt recd: (Training) ₹ _____ + (Accommodation) ₹ _____ Kit Issued? **Yes / No** Accommodation provided? **Yes / No**

Two (2)
Passport sized
Photographs