



Acupressure Learning Course Basic Course

Chinese

Ayurvedic

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

Date/...../..... to/...../.....

Applicant's Name : Mr./Ms.

Father's Name

Mother's Name

Age

Address of Centre

.....

City.....State.....PIN.....

Mobile No. (WhatsApp No.)

Educational qualification

(If your name has prefix Dr. please do mention the related degree)

Preferred language for course - Hindi English

Fee deposited

Date of deposit

Payment Transaction no./ID & screen- shot of payment details/online payment e-receipt :

- .. Note :- Do mention names of your father and mother as these will be included in your certificate as per current norms.

Please send all details to :-

Mr. Karan Kesharwani Mob. +91 7755021114

Mr. Harishanker Tripathi Mob. +91 8327775215

For more Detail contact to :-

Mr. Vishal Jaiswal Mob. +91 9335835005

I agree to follow all other rules of the Sansthan

Signature of Applicant



Acupressure Shodh Prashikshan Evam Upchar Sansthan

49/24 A, Minto Road, Prayagraj - 211 001

Mobile No. : 9335105694 (C.E.O.), 9389111003 (Office)

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