



Acupressure Shodh, Prashikshan Evam Upchar Sansthan

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

Phone : 9335835005, 9335105694, 9208148610

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 | <input type="checkbox"/> |
| Diploma in Acupressure Healing Science (DAHS) : Correspondence / Campus | <input type="checkbox"/> |
| Advance Diploma in Acupressure Healing Science (ADAHS) : Correspondence / Campus | <input type="checkbox"/> |
| Master Advance Diploma in Acupressure Healing Science (MADAHS) : Correspondence / Campus | <input type="checkbox"/> |
| Master Advance Diploma in Acupressure Healing Science (Hons.) (MADAHS Hons.) : Correspondence / Campus | <input type="checkbox"/> |

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

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

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CANDIDATE Father's Name (Fill in Capital Letters)

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CANDIDATE Mother's Name (Fill in Capital Letters)

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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