

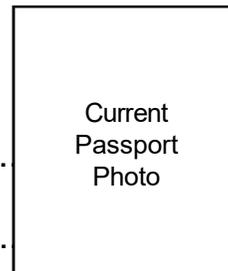


ASPEUS Registration Form (ARF)

Title : Ms Mr Dr

Full Name (Capital Letter)

Father's/Mother's Name



Age..... Date of Birth.....

Last Educational Qualification

With ASPEUS Since(Year Ex. 1998)

Acupressure Qualification (Please Tick in Box) :

<input type="checkbox"/> Basic (Chinese/Ayurvedic)	<input type="checkbox"/> AdvanceTopic
<input type="checkbox"/> Capsule.....Topic	<input type="checkbox"/> ResidentialTopic
<input type="checkbox"/> Academic Course (Correspondence/Campus) (CAHS, DAHS, ADAHS, MADAHS)	<input type="checkbox"/> Conference Year.....

Contact No.

E-mail ID

Pin Code.....State.....City.....

Complete Address

Disclaimer : I hereby declare that, the all terms and conditions of ASPEUS are carefully read by me, and I accept and agree to terms and conditions.

Failing which I shall be liable to disciplinary action.

Attach with this form :

Signature

1. One passport photograph.
2. Last Educational Qualification Certificate (Photocopy)
3. Acupressure Training Certificate (Photocopy of one Chinese & One Ayurvedic Training)