



# ACUPRESSURE / ACUPUNCTURE & ALTERNATIVE MEDICINE INSTITUTE

(RESEARCH, TRAINING & TREATMENT)

CONDUCTS COURSES ON ACUPRESSURE, ACUPUNCTURE, CUPPING, MAGNET, SU-JOK, NAUTUREPATHY, YOGA & ALTERNATIVE THERAPIES

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Digital Alternative Therapy Software - www.acupressureguru.com

## Patient Consultancy / Treatment Application Form

(\*)

Field are mandatory (अन किरक)

Print Form

Disease *		Permanent Address	
Name *			
Date of Birth	Age	Country	State/Province
Father	Gender	Pin/ Zip Code	City / District
Name of Care-Taker/ Gurdian		Nationality	
Email *		Correspondence (Current) Address	<input checked="" type="checkbox"/> Same as Permanent Address <input type="checkbox"/> Diffrent from Permanent Address
Password *		Mobile No	
Blood Group	Religion	Whatsapp No *	
Education	Cast	Referred by	
Additional Qualification		Recommended By	Medium
Profession / Occupation		Health Membership Card	<input type="checkbox"/> If Required \$10 or 500 Extra
Experience		Payment Mode	
Website / FB / Other Social Media		Remark / Review	

This is to confirm that I wish to enroll myself . I hereby declare that above information is true to the best of my knowledge.

Submit / Signup / Next Step ▶

PHOTO:

Applicant Photo also Attached here

SIGNATURE:

Applicant Signature here:

DOCUMENT:

Applicant Document also Attached here

PAYMENT SLIP:

Applicant Payment Slip Attached here