



# ACUPRESSURE / ACUPUNCTURE & ALTERNATIVE MEDICINE INSTITUTE

(RESEARCH, TRAINING & TREATMENT)

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

A-65, DC, KAMLA NEHRU NAGAR, (Nr. PRATAP NAGAR PVT. BUS STAND) JODHPUR-342 008 (RAJASTHAN)

7357692852, 9414832852 | info@acupressureguru.com | www.acupressure.co

Digital Alternative Therapy Software - [www.acupressureguru.com](http://www.acupressureguru.com)

## Award Application Form

(\*)

Field are mandatory (अन हिस्सा)

[Print Form](#)

Awards *		Permanent Address	
Name *			
Date of Birth	Age	Country	State/Province
Father		Pin/ Zip Code	City / District
Email *		Nationality	
Password *		Correspondence (Current) Address	<input checked="" type="checkbox"/> Same as Permanent Address <input type="checkbox"/> Different from Permanent Address
Blood Group	Religion	Mobile No	
Education	Cast	Whatsapp No *	
Additional Qualification		Referred by	
Profession / Occupation		Recommended By	Medium
Experience		Extra Service	<input type="checkbox"/> Extra Service \$20 or 1000 Rs
Website / FB / Other Social Media		Payment Mode	
		Remark / Review	
		Material/Certificate Send By	

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