





An ISO 9001:2008 Certified Institute

## (ALTERNATIVE, NATUROPATHY RESEARCH, TRAINING & TREATMENT INSTITUTE)

Registered by the Government of Rajasthan 17/18/322/2012

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APPLICATION FORM	
Regd. No	РНОТО
I Wish to Register Myself for (Name of Course):	
1. Full Name (In Hindi):	
2. Name (In English Block Letters):	
3. Gender/Sex:- Male, Female	
4. Father's/Husband's/Guardian's Name:	
5. Permanent Address:	
Pin:	
6. Correspondence Address:	
Pin:	
7. Phone : Mobile : Mobile :	
8. Date of Birth: Nationality: Indian, Other	
9. Profession: Email:	
10. Educational Qualifications: Additional Qualification:	
11. Experience (If Any):	
12. Medium: Hindi, English, Recommended By:	
13. Subscription:   Cash SBI Bank/D.D./Cheque No. Amount: Da	
14. Course By: Regular with Practical, Correspondence, By Internet, E	
15. Therapist Identity Card Requirement: Yes No (Charges will be Extra Rs. 200	
16. ATTACHED DOCUMENTS :	•
This is to confirm that I wish to enroll myself for the course. I hereby declare that above	
is true to the best of my knowledge & belief.	
Place: Date: Yours Faithf	ullv
	J
Check by: Course Director: Signature of A	nnlicant