

APPLICATION FORM

Phone : 0522-4024641

Mobile : 9415181426, 8932000210

ACADEMY OF ACUPUNCTURE & REHABILITATION

Associated Hospital - Satya Hospital

Vishwas Khand-3, Gomti Nagar, Lucknow-226010

(Please fill in your own Handwriting in Capitals only)

Name in Full Miss/Mr./Mrs.Mob. No.

Date of Birth (Attach 10th Pass Certificate or Suitable Proof)

Place of Birth

Nationality Category : Gen/OBC/S.C./S.T.

Married or Single.....

Father's/Husband's Name.....

Weather prosecuted/Charged in any offence ever

Mailing Address

Monthly Income of Guardian :

Qualifications :

Class	Board / University	Pass Year	% of Marks in Science	Subjects
10th or equivalent				
12th or equivalent				
Graduation				
Post Graduation				

Experience if any in Chronological order

Position held	From	To	Organisation

We hereby agree, if admitted, to abide by the rules & regulations in force of the institute. We hereby declare that above stated particulars are true. Any discrepancy or concealment of fact will result in cancellation of admission at any stage. **We understand that any part of fee paid once will not be returned under any circumstances. We have checked our suitability regarding minimum age and qualifications, as prescribed.**

(Signature of Candidate)
Date:

(Signature of legal guardian)
Date:

Paste Self attested
coloured passport
sized photograph
& attach 2
Photograph