



ATAMA ACUPUNCTURE TRAINING CENTRE



APPLICATION FORM

Registered Office:

Abdulla Mission Hospital Trust,
314/6, Sekkalai Road, Karaikudi-630 001.

Head Office:

No.1, Veera Kutty Street,
Old Washermenpet, Chennai-600 021

Admin Office:

35-A, Pillaiyar Palayam Road,
South Gate, Madurai-625 001

Application Number:

Branch Study Centre:

Date:

APPLICATION MUST BE TYPED OR FILLED IN CAPITALS WITHOUT OVERWRITING

1. Applicant's Name in Full:

2. Father's Name & Occupation:

3. Date of Birth:

4. Sex: Male Female

5. Marital Status: Single Married

6. Nationality

7. Religion

8. Mother Tongue

9. Educational Qualification (Please attach proof)

10. Complete Postal Address:

Pin

11. Phone Number:

12. Mobile Number:

13. Email:

14. The Course I wish to join: a. CERTIFICATE IN

b. DIPLOMA IN

c. MASTER DIPLOMA IN

Affix 1 Photo within the size of this Box and attach 2 recent Passport size photos with this application.

DECLARATION GIVEN BY THE APPLICANT

I / The undersigned hereby declare that, I am aware that, this centre/organization is working for the development & propagation of various Alternative System of Medicine in India. Further, I declare that, I shall strictly abide & follow by the Rules & Regulations of this centre which, I have received in the form of prospectus and also to those which will be notified or given to me in future from time to time by this centre. Failing to abide & follow the same this centre has right to take necessary action against me / and the same will be accepted by me instantly. I further declare that, at any time and under any circumstances, I shall not ask for the refund of fee from this centre, which I have paid to this centre. I also declare that, all kinds of dispute arising at any time between this centre and me shall be subject to the jurisdiction of Karaikudi Court only and I shall not approach any other Courts except Karaikudi Court. I declare that all above said declarations made by me are true to the best of my knowledge, information & belief and I am bound by these declarations for ever.

Place :

Date :

Signature of the Applicant