Acupressure Research Training And Treatment Sansthan

49/24-A, Minto Road, (Behind Boys High School) Allahabad - 211001
Phone & Fax : 0532-2266725, **Mobile :** 9335105694
Website : www.acusansthan-ald.in ● **E-mail :** ayurved_acu@rediffmail.com

Conference cum Training Classes

TRAINING CUM ACCOMMODATION FORM

(Please fill up the form neatly)

I wish to register my self as a delegate for..... National Conference cum super advance training classes of Chinese and Ayurvedic Acupressure to be held from .....to.....

Name Mr./Mrs./Ms. ..... Age .....

(In Capital Letters)

Father/Husband Name .....

(In Capital Letters)

Address in Capital Letters .....

..... Pin .....

Tel./Mob. No. (Off.) ..... (Resi.) ..... e-mail .....

Educational Qualification .....

Profession ..... Please tick ☐ if you require boarding and lodging.

Training fees of Rs.....and **Accommodation & Boarding fees** Rs. ..... is being sent herewith by

Cash/D.D. No. ..... dated ..... drawn on .....

This is to confirm that I have taken training of Basic Acupressure / Acupuncture / Sujok Acupuncture Conducted.

by ..... from ..... to .....

Your's Faithfully

Place :

Dated :

Signature of the Delegate

Note :
- Amount may be deposited in Sansthan's ICICI Bank A/c No. 628201201144
- Draft should be in favour of **" Acupressure Shodh Prashikshan Evam Upchar Sansthan"** payable at Allahabad.
- Two passport size photographs to be sent along with application form.
- Accommodation will be provided at **"Saraswati Ashram"** Chhatnag Ghat, Jhunsi and free daily conveyance facility will be provided to and fro Mandapam to Chhatnag.
- In case you deposit the amount in ICICI Bank please send a photocopy of same along with form.
- **In case there is courier service in your town please tick.** ☐

For Office Use

Receipt No. ..... Date .....

Rupees .....

Roll No. ..... Seat No. ..... Received Kit / I-Card ..... Signature