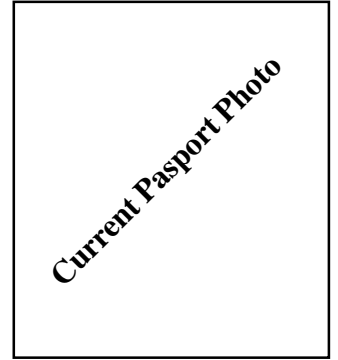


ASPEUS Registration Form

(Total Fee - 500/- (Local) 650/- (Out station)
(For Member, Staff, Magazine)



Title - Ms Mr Dr

Full Name (Capital Letter)

Father's / Mother's Name.....

Age..... Dob.....

Last Educational Qualification

With ASPEUS Since (Year Ex. 1998)

Acupressure Qualification - Please tick in box ()

<input type="checkbox"/> Basic (Chinese / Ayurvedic)	<input type="checkbox"/> Advance Topic
<input type="checkbox"/> Capsule Topic	<input type="checkbox"/> Residential Topic
<input type="checkbox"/> Academic Courses - (Correspondence/Campus) Certificate/Diploma/Adv Diploma/Asso. Degree	<input type="checkbox"/> Conference-Year.....

Contact No.

E-Mail ID

Pin Code StateCity.....

Complete Address

Attach with this form -

1. One Passport Photograph
2. Last Educational Qualification Certificate (Photo Copy)
3. Acupressure Training Certificate (Photo copy of one Chinese & one Ayurvedic Training)