

Office Secretary

## INDIAN COUNCIL OF ACUPRESSURE YOGA **ACUPRESSURE PARISHAD**



Date

NECHUA JALALPUR (GOPALGANJ) BIHAR-841503 (INDIA)

www acumpagguracouncil com

	Registration Form
1.	Name in full (Block Letters):
2.	Father's/Husband's Name:
3.	Date of Birth : 4. Qualification
5.	Adhar Number
6.	Address:
7.	Techinical Qualification
	(a)(b)
8.	Details of Fee M.O./Draft No. & Date
9.	Previous activities & Experience
	DECLARATION OF THE APPLICANT
_	The contents of the Registration form that I have submitted are ture to the best of my knowledge. If any statement by me as above is proved to be false. I will be held responsible and liable to be disqualified. I have filled the ssion Form in my own handwriting.
	For Office Use Only Signature of the Applicant
A	ccepted/Rejected C. No. Secretary

Date