



Trinetra Naturopathy and Arogya Kendra

Center ID : CD-236

COURSE APPLICATION FORM

Passport Size
PHOTO
Paste
Only One
Attach

Form / Reg. No. _____ Date _____

I wish to register myself for (Name of course).....

Name (In Block Letter) _____ Sex – M.../F...

Father's/Husband's/Guardian's Name _____

Permanent Address _____

City/Town/Work Place/District _____ State _____ Zip/Pin _____

Correspondence / Present Address _____

City/Town/District _____ State _____ Zip/Pin _____

Phone _____ Mobile _____ E-mail _____

Religion/Caste _____ Blood Group _____ Website/FB _____

Date of Birth _____ Age _____ Nationality _____ Profession/Occupation _____

Educational Qualification _____ Additional Qualification _____

Experience (If any) _____ Language Medium-Hindi ___/ English ___/Other ___

Course Mode: By Regular ___ By Correspondence/Distance Learning ___ By Internet/Online ___ By Camp ___

Reading Material Send by – Regd. Post.....Courier.....by Hand.....E-mail.....In Class.....

Identity Card _____ (If required fees Rs 300 Extra) Recommended by _____

Name & City as you wish on Certificate _____

Attached Documents List _____

Subscription: Payment Mode-Cash/Bank/E-M.O./Cheque/Paytm/Net Banking/Online/Other _____

This is to confirm that I wish to enroll myself for the course. I hereby declare that above information is true to the best of my knowledge.

Your faithfully

For Office Use : Check by..... C. D. Sign.....

Remarks.....

(Signature of Applicant)

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