

# Dr. Lajpatrai Mehra's Neurotherapy Academy



## ADMISSION FORM Neurotherapy Certificate Course

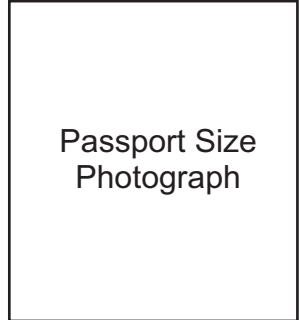
Date: .....

Name: .....

Address:.....

.....

.....



Name of Education Centre: .....

Name of Faculties: .....

Address of Education Centre: .....

..... Batch No.:..... From:..... To:.....

Contact Number:..... Parents:.....

Email address:.....

Date of Birth:..... Gender:..... Blood Group:.....

Qualification:.....

Occupation:.....

Remarks:.....

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Student Signature

- Note:**
- Please enclosed the certified xerox copy of qualification certificates.
  - Please enclosed the certified xerox copy of occupation certificates or salary slip.
  - Please enclosed the xerox copy of your PAN card, Voter ID, Adhar card and electricity bill.
  - Please keep all the ORIGINALS with you for the verification.
  - Please give 4 passport size photographs along with the form.

# Dr. Lajpatrai Mehra's Neurotherapy Academy



## ADMISSION FORM Neurotherapy Certificate Course

Date: .....

Name: .....

Address:.....

.....

.....



Name of Education Centre: .....

Name of Faculties: .....

Address of Education Centre: .....

..... Batch No.:..... From:..... To:.....

Contact Number:..... Parents:.....

Email address:.....

Date of Birth:..... Gender:..... Blood Group:.....

Qualification:.....

Occupation:.....

Remarks:.....

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Student Signature

- Note:**
- Please enclosed the certified xerox copy of qualification certificates.
  - Please enclosed the certified xerox copy of occupation certificates or salary slip.
  - Please enclosed the xerox copy of your PAN card, Voter ID, Adhar card and electricity bill.
  - Please keep all the ORIGINALS with you for the verification.
  - Please give 4 passport size photographs along with the form.