ASHTANGA EDUCATIONAL TRUST



6/179A, Thekke Vavanoor (P.O), Koottanad, Palakkad, Kerala - 679533 Mob/Whatsapp 8281372000, info@ashtamgam.org, www.ashtamgam.org

No.

APPLICATION FOR PANCHAKARMA THERAPIST COURSE

Name of Applicant														
Father's / Guardians Name														
Permenant Address														
Address for Communication														
							Р	PIN				†		
Mobile No.														
Whatsapp No.														
Age			Yrs		Dat	te of B	irth	D	D	M	M	Υ	Y	
Annual Family Income	Rs.					Marital Status Yes No (v)								
Details of Qualifying Examination	Subject						Board University					% of Marks		
Degree, if any													%	
Plus Two / Pre Degree													%	
SSLC / Equivalent													%	
Languages Known	Read Write				Spe	eak	(Please mention Yes/				0)	1		
Malayalam							,							
English														
Hindi														
Any Other :														
Knowledge in related subjects					1		1							
Please specify, if any														
, , ,														
Whether from any traditional ayurve	da fam	nilv			Yes	No	(Plea	se tick	v acco	ording	ılv)			
Declaration							1				, , ,			
I hereby confirm that all the above de	tails ar	e corr	ect an	d true	to my	best /	knowl	edge						
											Sig	nature	دِ	
Please enclose:											5.8		-	
* Colf attacted convert Divis Tives County	: 0	CCI C -	·c· -											

- * Self attested copy of Plus Two Certificte & SSLC certificate
- * Passport size Photo