



Indian Accu Touch

Name (BLOCK LETTERS)		Photo
Date of Birth		
Gender		
Qualification:		
Residential Address:		
Contact details → Home:	Mob:	
Email id:		

DECLARATION

I am willing to participate the TWO days Acupuncture program organized by INDIAN ACCU TOUCH MEDICAL INSTITUTE at Coimbatore

Date:

Place:

Signature of participant