



## Indian Accu Touch

Name (BLOCK LETTERS)		Photo
Date of Birth & Age		
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.

Two Passport size Must.

Fees Rs 6500/- Either DD or Cash.

Date:

Place:

Signature of participant