

APPLICATION FORM - AYURVEDA EDUCATION PROGRAM -

To be Filled by Office Personnel:

Registration / Roll No

--	--	--	--	--	--	--	--

Course Code

--	--	--	--	--	--

Passport
Photo

To be filled by the Applicant in CAPITAL Letters Only

Name

--	--	--

First Name

Middle Name

Last Name

Date of Birth

--	--

Day

--	--

Month

--	--	--	--

Year

Gender

☐

Male

☐

Female

☐

Transgender

Name of Father/ Guardian

Name of Mother

Address

Country

Pincode

--	--	--	--	--	--	--	--

Contact No.

--	--	--	--

Country Code

--	--	--	--

Area Code

--	--	--	--	--	--	--	--	--	--

Telephone / Mobile No

Email

CODE	COURSE NAME	Tick your choice
AYS 008	BSS DIPLOMA IN AYURVEDA MASSAGE & PANCHAKARMA THERAPY (1 YEAR)	<input type="checkbox"/>
AYS 012	BSS CERTIFICATE COURSE –SPA THERAPY IN AYURVEDA	<input type="checkbox"/>

1. Qualification (from highest to lowest)

Qualification	University / College / School	Class of Pass & % of Marks

2. Special Training / Skills acquired (details of training)

From – To	Details of Training	Training Organization name

3. Experience (Current to start of career)

From – To	Position Held	Organization Name & Place

PUNARNAVA AYURVEDA INSTITUTE	15 – Rottikaranur Road, Thirumalayampalayam Post Madukkarai via, Coimbatore – 641 05	Toll Free: 1800 2000 086; Ph: +91 422 2364 200
------------------------------	---	---

4. Provide name and contact details of two close family / friends to be contacted in case of any emergency (Mobile / Landline No & email ID)

1.

2.

Passport details (for Non-Indian Passport Holders Only)

- a. Passport No :
b. Date of Issue :
c. Date of Expiry :
d. Place of Issue :

VISA details (for Non-Indian Passport Holders Only)

- a. VISA No :
b. Date of Issue :
c. Date of Expiry :
d. Place of Issue :

Fee Details:

Total Amount Paid: INR / USD.....
(In Words.....)
as CASH / CHEQUE / DD (Cheque / DD No:..... Dated.....)

I hereby confirm that the information that I have provided above is absolutely correct and true.
If this information is proven to be untrue or incorrect at any point of time, I am aware that the organization may take appropriate corrective measures which may also include removal from the rolls of the course. And there will be no refund of any type will be done.

Applicant's Signature:

Date: _____

Place: _____

For Office Purpose Only

Payment Received in Full / Part :

Part Payment details:

Payment Received mode :

Receipt No with date:

Balance Payment details (if any) :

Admission Granted : YES / NO

Date of Admission approved: