

**INTERNATIONAL INSTITUTE OF ACUPUNCTURE**  
**“Saraswati Niketan”, Ramsagarpara, Raipur – 492001 (C.G.)**  
**Telephone :- 537070,630270**

FOR OFFICE USE ONLY
Registration No.
Date :
Remarks :

**DIPLOMA COURSE IN  
ACUPUNCTURE**



Passport size Photograph
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**APPLICATION FOR REGISTRATION**

**1. Name :**

**(In Block Letters)**

**Surname**

**First**

**Second**

**2. Father's/Husband Name**

**3. Date of Birth**

**Day**

**Month**

**Year**

**4. Address (1) Present**

**(2) Permanent**

**(3) Telephone**

**STD Code**

**Office**

**Residence**

**5. Nationality**

**6. Professional Qualification in Detail  
& Photostat copy of Diploma/Degree**

**7. Specialisation if any**

**8. Experience**

**9. Present Professional Status**

**10. Language Known :-**

[1] Written

[2] Spoken

**11. Any other information**

**I declare that the above mentioned particulars are true. I have perused the terms & conditions laid down by center. I am prepared to abide by them.**

**Date :**

**Place :**

**Encls :**

**Signature**