

REGISTRATION FORM

NATIONAL WORKSHOP ON MARMA CHIKITSA VIGYAN

(4th-6th February 2020)

(Pt. K.L.S. Govt. Autonomous Ayurveda Institute, Bhopal)

1. NAME-
2. QUALIFICATION-.....
3. REGISTRATION NUMBER-.....
4. ADDRESS-.....
CITY..... STATE.....
5. CONTACT NUMBER-.....
6. EMAIL ID-.....

Confirmation of the registration of the candidate will be send by email.

PAYMENT DETAILS

MODE OF PAYMENT-.....

REFERENCE NUMBER (mandatotomy).....

DATE-.....

BANK-.....

BRANCH-.....

AMOUNT-..... (Rs.1500 upto 31st january 2020)

IN WORDS.....

SIGNATURE OF PARTICIPANT

***Send copy of filled registration form on: marmaworkshopkls2020@gmail.com**