अखिल भारतीय योग एवं प्राकृतिक चिकित्सा परिषद®

ALL INDIA YOGA & NATURE CURE COUNCIL

REGD./CORRESPONDENCE Office : E-113 Sect- I, L.D.A. Colony, Kanpur Road, Lucknow (U.P.)-12
ADMN. Office : VILL.-Adaura Post-Auras Distt.-Unnao (U.P.)
Regd. by Government of India Ministry of MSME-UDYAM-UP-50-0069732
Regd. by Government of India Department of Niti Aayog-UP/2022/0332074
E-mail : guruji57779@gmail.com Phone. : 0522-2424213, 09415017779

Registration Form

Date : _____

To,
Registrar/Secretary
All India Yoga & Nature Cure Council
REGD./ADMN. Office : Lucknow (UP) India

Paste a recent photo here and attach another one.

Sir,

I, hereby, request that the Naturopathy Course I have passed from the Institution _____ _____my name and other details as mentioned below may be entered in the registered records of the All India Yoga & Nature Cure Council. I enclose the registration Fees ₹ 6,000/- Date :_____ Cash / Bank D.D. No_____ Date: _____in Favour of All India Yoga & Nature Cure Council Lucknow (U.P.) Through Transfer IFSC : UBIN0559571 A/c No. 595701010050325 Union Bank of India lucknow (U.P.) India.

1. Name : (In Block Letters)
2. Father/Husband's Name : (In Block Letters)
3. Postel Address : Post

Distt. State

4. Date of Birth: Nationality:

Mob.: E-mail:

5. Name of Institute :
6. Attach Naturopathy Qualification's Detail: Passed Year
7. Enclosed Here with :

(i) A copy of my birth certificate/Matriculation/Secondary Certificate/Secondary School Leaving Certificate.
(ii) Attested copies of certificate of the Diploma and Certificate corses as required.

DECLARATION

I am remitting ₹ : _____as Registration fee by Cash/ Bank D.D.No : _____ Dated : _____I, agree with the Constitutional rules and by-laws of the Council and respect its ethics and principles. I certify that all the particulars furnished above, are true to the best of my knowledge and belief. I agree that my candidate is liable to be cancelled if my documents or any activities proves misleading and affects the goodwill of the Council.

(Signature of the applicant)

FOR OFFICE USE ONLY

Received Application ₹:_____Date:_____Cash / Bank D.D.No_____

Date: _____Or Transfer UBI Bank : _____ Date:_____Paid

Registrar Com Secretary