

Form No.				
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INSTITUTE OF CONTEMPORARY AYURVED RESEARCH AND EDUCATION (I-CARE)

R.A. Podar Medical College (Ayu) Campus, Worli, Mumbai - 400 018.

Mob : 9221100630, 9421291561

APPLICATION FORM FOR SIX MONTH CERTIFICATE COURSE FOR PANCHKARMA ASSISTANT

1. Name of Candidate :

2. Father's / Husband's Name :

3. Surname :

4. Sex : Male / Female

5. Address for Correspondence :

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6. Tel (R)..... Mobile No.....

7. Date of Birth :

8. Medical Fitness :

(Please attach a Medical Fitness Certificate from Medical Practitioner certifying that the candidate has good eye sight and is free from communicable diseases)

9. Qualification :

(Minimum 10th passed)

Space for Self Signed Photograph
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DECLARATION

I hereby declare that the information provided is true & correct. I will abide by the rules and regulations of I-CARE regarding all aspects of the course and will abide by the discipline during the course and training periods as applicable. If any information is found to be incorrect/not true or I am found to be violating the discipline of working, I authorize I-CARE and its authorities to take action on me, including removal from the course.

Place :

Date :

Signature of the candidate