



अखिल भारतीय प्राकृतिक चिकित्सा परिषद् AKHIL BHARTIYA PRAKRITIK CHIKITSA PARISHAD

Head Office : 97/3, Naskar Para Road, Howrah-711107

President's Office : Prof. Dr. Sankar Kumar Sanyal, *President, ABPCP, C/o. Harijan Sevak Sangh, Kingsway Camp., Gandhi Ashram, Delhi-110009* **Delhi Office :** 15, Rajghat Colony, New Delhi-110002

APPLICATION FORM

Sir,

I want to enroll my self in _____ Course of Akhil Bhartiya
Prakritik Chikitsa Parishad. I submit the following particulars, which are true to the best of
my knowledge and belief. I shall follow the rules and regulations of the Institute.

Paste Recent
Passport size
Photograph

1. Name (Block Letters) : _____
2. Father's / Husband Name : _____
3. Date of Birth : _____
4. Nationality : _____
5. Gender (M/F) : _____
6. Postal Address : _____

7. Aadhar Card No. : _____
8. Telephone / Mobile No. : _____
9. E-mail : _____
10. Qualification : _____

Sl. No.	Examination	Board/Univ.	Year	Subject	(%) Marks



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Roll No. _____

Admission Card

Enrollment No. _____

Name of Candidate : _____

Father's Name : _____

Course : _____

Year : _____ Session : _____

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For Office Use Only

Examination Centre : _____

Date of Exam. : _____