



# AKHIL BHARATIYA PRAKRITIK CHIKITSA PARISHAD

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

President Office : C/o. Harijan Sevak Sangh, Kingsway Camp, Gandhi Ashram, Delhi-110009

Admin. Office : 15, Rajghat Colony, New Delhi-110002

Phone : 9831044155, 9831224445 E-mail : abpcparishad@gmail.com

## APPLICATION FOR CERTIFICATE

To,  
The General Secretary  
**AKHIL BHARATIYA PRAKRITIK CHIKITSA PARISHAD**

Sir,

The applicant has successfully completed Six months compulsory Internship from the approved Centre of the Parishad after completing DNYS 3rd years Examination. I have full faith and confidence in Naturopathy. I have deposited the amount of Rs. \_\_\_\_\_ by Cash / Draft. Please issue me the appropriate certificate.

My full details is as follow :

Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Sex : \_\_\_\_\_, Medium : \_\_\_\_\_

Nationality : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

UDI NO. : \_\_\_\_\_ E-mail : \_\_\_\_\_

Present Address : \_\_\_\_\_

\_\_\_\_\_, Pin Code : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

\_\_\_\_\_, Pin Code : \_\_\_\_\_

Educational Qualification (Attached Certified Copies)

Exam. Passed	Examining Body	Year of Passing	Marks Full / Obtained	Subjects
Other Qualification				
DNYS-I				
DNYS-II				
DNYS-III				

## Practical Experience Certificate

It is to certify that Shri/Smt./Ku. \_\_\_\_\_ the applicant has successfully completed the practical training from \_\_\_\_\_ to \_\_\_\_\_ under the guidance of our physician & will work in future under this guidance. A thesis work along with the management records of 5 patients managed by the applicant is also enclosed with necessary remarks. I found him/her fit for promotion of Naturopathy.

Date : \_\_\_\_\_

\_\_\_\_\_

*(Signature of Head of the  
Institute with date & Seal)*

Place : \_\_\_\_\_

I hereby declare that the above facts are correct to solemnly and sincerely affirm that the statement made and furnished by me in the application form is true & correct. I have not concealed any information. I know that if any information furnished here is fraudulent, incorrect or untrue even after the award of appropriate certificate, the Parishad will initiate appropriate action as per its rules to cancel my full examination and certificate for which I would be I agree to abide by the decision of the Parishad in this regard.

Date : \_\_\_\_\_

\_\_\_\_\_

*(Signature of Applicant)*

Place : \_\_\_\_\_

## For Office Use Only

Applicant should be informed to attend the interview on dated \_\_\_\_\_  
at \_\_\_\_\_.

Date : \_\_\_\_\_

\_\_\_\_\_

*Secretary (Examination)*

Place : \_\_\_\_\_