



INDIAN HOLISTIC MEDICAL ACADEMY

An ISO 9001 : 2008 Certified Institute in Holistic Medicine

(Regd. By : GOVT. OF TAMILNADU & GOVT. OF INDIA)

No.16, Nalliyah Complex, Near Railway Station. Thanjavur -1. Ph:04362-272556

COURSE APPLICATION FORM

Course Name : _____

Name of Applicant : _____

Father's Name : _____

Permanent Address : _____

Country : _____

Sex : Male / Female

E-Mail : _____

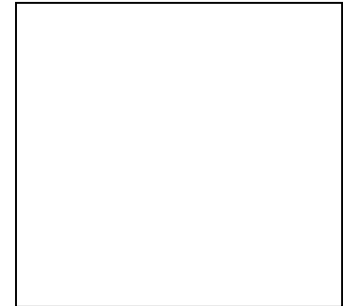
Tel.No : _____

Date of Birth : _____

Present Employment : _____

Qualification : _____

During Present Course : _____



Affix Photo

I agree to abide by the rules of the Course.

Date : _____

Station: _____

(Signature)

*Note: Fees are not refundable.

No: _____

Approved/Not Approved

Date of commencement of Course _____

Examination Result _____

Certificate Granted _____