



Application-Cum-Registration Form

Please furnish all details in Block(Capital) letters. ☐ Ayurveda Panchakarma ☐ Yoga and Meditation

S. No. : _____

Reg. No. : _____

Name (Title - Mr./Ms./Mrs.) : _____

First Name : _____

Last Name : _____

Address for Communication : _____

Contact Nos. : Tel. No. (with country code) _____

Mobile _____

Permanent Address : _____

Contact Nos. : (STD Code) _____

E-mail Address : _____

Date of Birth & Age : _____

Nationality : _____

Profession : _____

Educational Qualification : _____

Languages Known : _____

Mode of Payment : _____



Please write:

- 1) Why are you interested in this course?
- 2) Would you like to undergo Ayurvedic Treatments during your stay?
- 3) Would you like to go for sightseeing during your visit?

Declaration:

I wish to enroll for the KAIRALI's Full / Short Term Course in Ayurveda. I hereby declare that all the information furnished above are true to the best of my knowledge and that I shall abide by the Rules & Regulations of the institution during my period of study.

Date: _____

Signature

Please send your duly filled and signed form along with the fee to:

Kairali Ayurvedic Health Resort Pvt. Ltd.

120, Andheria Modh, Mehrauli,

New Delhi - 110 030 (INDIA)

Tel.: +91-11-26802106/55664447

Fax: +91-11-41748160

E-mail: kairaliresort@vsnl.com / kairaliresort@airtelbroadband.in

Website: www.kairali.com