



(YSNT-HRF)

Add : YS Neurotherapy Health & Research Foundation, Plot -292-D, Kirarai Suleman Nagar,
Inder Enclave, Delhi, North West, Delhi, India 110086, Mob . : +91 8368301154

E-mail : info@neurotherapys.com

Website : www.neurotherapys.com | www.neurotherapydisease.com

STUDY CENTRE APPLICATION

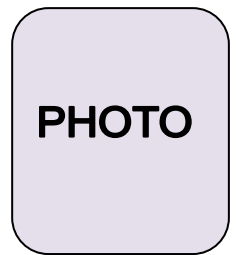
STUDY CENTRE NAME: _____

CENTRE INCHARGER NAME: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

FATHER'S NAME: _____

EDUCATIONS QUALIFICATION: _____ SIGNATURE



	BOARD UNIVERSITY	YEAR	DIVISION
HIGH SCHOOL			
INTERMEDIATE			
NEUROTHERAPY			
GRADUATE			
ANY OTHER			

(Enclose Ateted copies of QualificationAdhaar card/Any ID Proof)

NEUROTHERAPY EXPERIENCE: _____

APPOINTED TEACHER IF ANY :-

TEACHER NAME : _____

HIGHER EDUCATION : _____

CONTACT NO. : _____

PERMANENT ADDRESS: _____

CLINIC ADDRESS: _____

TELEPHONE: _____

EMAIL (if any): _____

DATE :-

NATIONAL STUDY INCHARGE

CANDIDATE