



DR. LAJPATRAI MEHRA'S NEUROTHERAPY ACADEMY

(Public charitable Trust – Registration No. E 21505)

NEUROTHERAPY RESEARCH & TRAINING CENTRE SURYAMAL

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ADMISSION FORM (From _____ To _____)

(FILL THE FORM IN CAPITAL LETTERS)

Regular / External _____ Course _____ Batch No _____ Enrolment No. _____

Photo

1. Name of the student
2. Father's / Husband's Name.....
3. Complete Address:.....
.....Dist.....State.....Pin.....
Tel No Mobile No Email:
4. Date of Birth: Age: Gender: Male/ Female Blood Group:

5. Academic Qualification which make the applicant eligible for the programme -

S.N	Qualification	Subjects	Year	Board/University.	Marks	(%)	Division

Please (tick) the appropriate

6. Medium Code: English / Hindi / Other
7. Marital Status: Married / Unmarried
8. Nationality:
9. Location code- Urban / Rural / Tribal.....
10. Category: SC / ST / OBC / Other:
11. Religion: Hindu / Muslim/ Christian/ other
12. Hobbies -
13. Past experience.....
14. Reference Name – Mob.....

Checklist :- Affix photograph and sign over it, and attach the following .

- 1) Certificates in support of your Educational Qualification.
- 2) Category Certificate for SC/SC/OBC/PH candidates wherever required
- 3) School Leaving certificate / Age Certificate wherever required
- 4) Residential certificate / Residential proof

Declaration by Applicant

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission . I fulfill the minimum eligibility criteria. And I have provided necessary information in this regard . In the event of any information being found incorrect or misleading , my candidature shall be liable to cancellation by the Academy at any time and I shall not be entitled to refund of any fee paid by me to the academy.

Date:

Signature of Candidate

For External Students (To be filled by the training faculty Member)

Centre Name of Dr. LMNT Training Name of the Training Faculty

Member : Address:

Phone: Email: Website:

I/We confirm that has completed 6 months of LMNT Training under me /us.

His/ Her Attendance was % , Test Performance was %

Date

Signature

Note: (The Candidate must submit atleast one Document case History one month prior to the Examination)