



LAJPATRAI MEHERA'S NEUROTHERAPY RESEARCH & TRAINING INSTITUTE (LMNT RTI)



Reg. Office: 207, FF JTPL City, Sec. 115, Landran Road, Mohali (Punjab)
Mob:-9463062141, 9815220699 Email :- research.lmnt@gmail.com
Website: www.neurotherapy.org.in , www.neurotherapyindia.org

Admission Form

PHOTO

STUDENT NAME: _____

FATHER'S NAME: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

EDUCATIONS QUALIFICATION: _____

	BOARD UNIVERSITY	YEAR	DIVISION
HIGH SCHOOL			
INTERMEDIATE			
GRADUATE			
ANY OTHER			

(Enclose Attested copies of Qualification/ Adhaar card/Any ID Proof)

ADDRESS: _____

PERMANENT ADDRESS: _____

TELEPHONE: _____

EMAIL (if any): _____

ANY OTHER INFORMATION : _____

Declaration:

I declare hereby that all the information mentioned above is true to the best of my knowledge. If anything is found incorrect, at any stage, my candidature may be cancelled and any necessary action that management desires to take may be taken as per the rules of the institute.

I agree to obey all the rules and regulations of the society and maintain discipline at all times. I will accept the "NEUROTHERAPY DIPLOMA" provided by Dr. Lajpatrai Mehera's Neurotherapy Institute, after successful completing the course.

Signature of candidate

DATE :

PLACE :