

# International Sujok Association - ISA

(EDUCATION DEPARTMENT)

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**ISA**

International Sujok Association

## SUJOK THERAPY COURSE

ORGANIZED BY \_\_\_\_\_ at \_\_\_\_\_

REGISTRATION FORM FOR \_\_\_\_\_ Course Name

Date	:	<input type="text"/>	to	<input type="text"/>	Recent Passport Photograph
Name of the Participant	:	<input type="text"/>			
Address	:	<input type="text"/>			
Contact No.	:	R. <input type="text"/>	M. <input type="text"/>		
Email ID	:	<input type="text"/>			
Educational Qualification	:	<input type="text"/>			
Occupation	:	<input type="text"/>			
Any other Therapy you Practice	:	<input type="text"/>			
Would you like to Join next specific pathology courses by education department of ISA	:	<input type="text"/>			<input type="text"/>
Would you like to get more Information about Sujok through E - mail / Web or SMS	:	<input type="text"/>			<input type="text"/>
Are you member of any Zone/State/City.	:	<input type="text"/>			

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

### FOR OFFICE USE ONLY

ZONE/STATE/CITY

Name of the Lecturer	:	<input type="text"/>
Place of the seminar	:	<input type="text"/>
Course Fees Paid through	:	<input type="text"/>
Cheque No. / Draft No.:	:	<input type="text"/>
Date & Place of deposit	:	<input type="text"/>
Amount Paid	:	<input type="text"/>

Whether Participant is eligible for getting the Certificate as per protocol provided by ISA:

Certificate Registration No.: \_\_\_\_\_

Note / Comments : \_\_\_\_\_

International Sujok Association

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of Lecturer : \_\_\_\_\_