



# 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](http://www.neurotherapy.org.in) , [www.neurotherapyindia.org](http://www.neurotherapyindia.org)

## STUDY CENTER APPLICATION

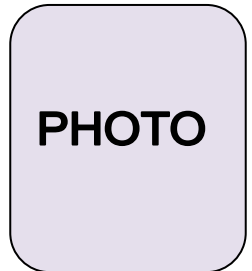
STUDY CENTER NAME: \_\_\_\_\_

CENTER INCHARGER NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

EDUCATIONS QUALIFICATION: \_\_\_\_\_



|              | BOARD UNIVERSITY | YEAR | DIVISION |
|--------------|------------------|------|----------|
| HIGH SCHOOL  |                  |      |          |
| INTERMEDIATE |                  |      |          |
| NEUROTHERAPY |                  |      |          |
| GRADUATE     |                  |      |          |
| ANY OTHER    |                  |      |          |

(Enclose Attested copies of Qualification/Adhaar 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

# FOR OFFICE USE

STUDY CENTER CODE :-

STUDY CENTER PLACE :-

STUDENT ENROLLMENT NO :-

STUDENT HOME DISTRICT PLACE :-

DATE :-

PLACE :-

PAYMENT DETAIL :- CASH / CHEQUE

PREPARED BY

CHECKED BY

CONTROLLER (EXAM)