

**NATIONAL INSTITUTE OF UNANI MEDICINE, BANGALORE**

**CERTIFICATE COURSE IN HIJAMA (CUPPING THERAPY)**

**22<sup>nd</sup>-28<sup>th</sup> August 2016**

**Application Form**

1. Name of the applicant :
2. Father / Husband's Name :
3. Date of Birth :
4. Qualification :  
(Enclose Xerox copy)
5. Registration Number :  
(Enclose Xerox copy)
6. Address :
7. Experience :
8. Address for Correspondence :
9. Contact Number with Email ID :

Signature of the applicant

Recommendation of Controlling Officer