

INDIAN ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS INDIA

APPLICATION FORM

FOR ONLINE COURSES OFFERED BY

www.iacpindia.org

PASTE recent
pass port size
colour photograph
here.

Put your signature
across the
photograph.

* Please fill in the form below with black ink and in capital letters.

Course Name Applying for :	<input type="text"/>		
Name of the Candidate :	<input type="text"/>		
Father's Name :	<input type="text"/>		
Mother's Name :	<input type="text"/>		
Date of Birth (DD-MM-YYYY) :	<input type="text"/>		
Nationality:	<input type="text"/>	Current Country:	<input type="text"/>
Mobile Number:	<input type="text"/>	Alternate Mobile No.:	<input type="text"/>
Email Id : (To be registered)	<input type="text"/>	Alternate Email Id:	<input type="text"/>
Highest Academic Qualification :	<input type="text"/>		
Highest Professional Qualification :	<input type="text"/>		
Highest Qualification in Physiotherapy :	<input type="text"/>		
Year of Passing B.P.T. :	<input type="text"/>		
Name of the Institution/ College :	<input type="text"/>		
Address of the Institution/ College :	<input type="text"/>		

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* Please fill in the IInd part of form below with black ink and in capital letters.

Name of Hospital/Clinic engaged in :

Address of Current Setup :

Phone Number & Email of the Institution/ Hospital/Clinic :

Do you need Hard Copy of the Certificate :

Yes

No

Mailing Address to Receive the Hard Copy of the Certificate : (with Pin/Zip code & Phone):

Detail of money transferred in Bank account:

(Fee Amount + Certificate Mailing charges = Total amount transferred)

Note: kindly provide the scan copy of bank slip along with this filled form.

Name of the Bank with Branch :

Date of Transfer : (DD-MM-YYYY)

Total Amount :

Date :

Place :

Country :

Signature of Candidate