to the state of th	<b>Federation of Acupuncture System of Therapy Board.</b> Registered Under Act XVII Of 1960 By The Government of Karnataka, Based on Central Govt. Act XXI Of 1860, The Literacy & Scientific Institutions Act of 1854. (To Promote, Develop & Propagate In Acupuncture System Of Therapy) Acupuncture Recognized Therapy By World Health Organization (An ISO 9001:2015 Certified Institution)										
Affix the photo	REG	ISTERED A	(RA	. <b>P)</b>	ACTIO	NER F	ORM				
			(Write in CAPITAL	letters only)							
1. Name of T	he Practitioner:										
2. Father Na	ime :										
		· · · · · · · · · · · · · · · · · · ·						()			
3. Name of t	he Study Centre:										
4. Sex:	MALE	FEMALE									
		Data									
		Date	month		Year		Age	7			
5. Date of Bi	irth & Age:	Date			Year		Age	]			
<ol> <li>Date of Bi</li> <li>Nationali</li> </ol>	-	Date			Year		Age	]			
6. Nationali	-		month	at the na			Age				
6. Nationali	ty:		month				Age				
6. Nationali	ty:		month				Age				
6. Nationali	ty:		month				Age				
6. Nationali	ty:		month		ume):	n Code	Age				
6. Nationali	ty:		month			n Code	Age				
6. Nationalit	ty:	spondence (I State	month				Age				

10 P	orma	nont /	Addre		lo no	t ro	noo	t th	na	ma)														
10.1	ci ma		luure	.55 (D			рса			ine).	<u> </u>													
Cit	v					St	ate								]	Pin (	Cod	e						
1. Det																								
Sl. No.	Nan		ne Qua xam	lifyin	ıg		ear assi				e of Coll	Scho ege	ol /				e of tl ty / E		d	(	Certi	ficat	e No	•
														_										

# For Online Transaction Details:

I

Account Name	:	F A S T BOARD
Bank Name	:	CANARA BANK
Branch	:	SULTAN PALYA
Account No	:	06 98 20 100 33 618
IFSC NO	:	CNRB 00 10 698

#### **DECLARATION**:

I hereby declare that the information furnished herein are true and correct to the best of my knowledge an belief. In the event of suppression or distortion of any fact like educational qualification or nationality, study period etc .Made in my registration form, I understand that my Registration is liable to be canceled. I understand the fees once paid will NOT be refunded or adjusted to any other Subject.

#### Place:

Date:

Signature of the Practitioner

### For F A S T BOARD Study Centre Use only:

We certify that we have personally verified applicant's documents. It is also certified that this applicant fulfills all the eligibility to obtaining Registration Acupuncture Practitioner Certificate.

Place:

Date:

## Study Center Seal

Signature

### **Documents to be enclosed:**

- a) Basic Qualifications certificates as mentioned below
  - a) **FOR A Class Registration :** SSLC , PUC ,Bachelor level of Acupuncture or Master level of Acupuncture certificates
  - b) FOR B Class Registration :SSLC , PUC ,Diploma in Acupuncture certificate .

<u>Note:</u>- You will get the following documents within 40 days from the date of receipt of the form and fees:

- RAP Certificate with Government of India notary attestation
- F A S T Board Identity Card .

