

# SUJOK KI INTERNATIONAL

-2010-

Affiliated with International Su Jok Therapy Association  
&  
International Triorigin Academy

## REGISTRATION CUM APPLICATION FORM SUJOK KI INTRODUCTION COURSE

*Recent  
photograph  
size 3.5x3.5 cm*

Name of Lecturer / Organizer.....  
Dates : From \_\_\_\_\_ to \_\_\_\_\_ ( Total Hours \_\_\_\_\_ )

Note :- Please fill the form in CAPITAL LETTERS

### PART -I

- 1. First Name : \_\_\_\_\_
- 2. Family Name : \_\_\_\_\_ 3. Nationality : \_\_\_\_\_
- 4. Date of birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 5. Gender : Male /Female
- 6. Address : \_\_\_\_\_
- 7. Education Qualification : \_\_\_\_\_ 8. Profession : \_\_\_\_\_
- 9. E Mail ID : \_\_\_\_\_
- 10. Telephone No. : \_\_\_\_\_ 11. MOB \_\_\_\_\_
- 12. Level of SUJOK : \_\_\_\_\_  
(What have you learnt?)

(Signature of Candidate)

### PART – II

( To be filled on completion of course )

- 13. Opinion about the course : .....
- 14. Would you like to join next level course : Yes / No

(Signature of Candidate)

### CERTIFICATE BY THE COURSE LECTURER

It is certified that the participant has gone through the course with perfection and to my full satisfaction.  
He / She has also passed the test conducted by me after completion of the course

(Signature of the Lecturer )

### FOR OFFICE USE ONLY

Date of Receipt of the Application :.....  
Registration No Allotted : ..... / ..... / ..... / .....