indianvaidyas®

Application Form:

Certificate in Medical Cannabis(CMC)

Name: ……..

Date of Birth: …… ……**(DD/MM/YYYY)** **Gender:** …….. **(M/F/Others)**

Address for Correspondence: ……

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Contact Number(s): ……**E-mail (Must):** ……..

Academic Qualifications (Please attach self-attested photocopy of highest qualification along with this form)

Degree…… Year of Passing……

Institution/University……..

Work Experience:

Name of the Organization…… Designation……

Payment Details:

☐ Demand Draft (in favor of AyurInstinct Healthcare Pvt. Ltd.) DD No…… Dated……

☐ Amount…… Bank Transfer/UPI Transfer

DECLARATION BY THE APPLICANT

I hereby declare that I have read the Information brochure and understood the eligibility conditions for enrolment in Certificate in Medical Cannabis(CMC). I fulfill the eligibility criteria and I have provided necessary information in this regard. In the event of any incorrect or misleading information, my candidature shall be liable for cancellation at any time and I shall not be entitled to any claim for readmission/reimbursement/certification.

I also understand that:

- No employment or recruitment is guaranteed by Ayurinstinct Healthcare Pvt. Ltd. pursuant to accomplishment of this program.
- No representation as regards affiliation of the program from any university or government educational institute is made.
- Ayurinstinct Healthcare Pvt. Ltd reserves the right to change the rules and regulations from time to time in its sole and absolute discretion. If any such change is made, the latest amended rule/regulation would be applicable.
- The fee paid by me for the program is non-refundable, non-transferable under any conditions whatsoever.
- Information on the activities of Ayurinstinct Healthcare Pvt. Ltd will be sent to me via e-mail/sms and I agree to receive all such information.

Date: **(Signature of the Applicant)**

Application completed in all respects should be sent to the:
Course Coordinator, Ayurinstinct Healthcare Pvt. Ltd,
C-28, Gaur Homes, Govindpuram, Ghaziabad, 201013

(Registered Address: Ayurinstinct Healthcare Pvt. Ltd, GF-2, Plot 119, Gyan Khand-2, Indirapuram, Ghaziabad (U.P.) 201014)