



Diploma In Ayurveda Panchakarma Therapy & Spa Therapy

Office Use Only - Reg. No.

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Kurunrgala Branch

Title

Dr	Mr	Mrs	Miss
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Name with Initials

Address

N.I.C No.

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T.P No. Office /Home

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Mobile

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E-Mail

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Institute

Profession Doctor / Medical Student

Register No. SLAMC-..... / Student-.....

I certify that the above details are true and correctly according to my knowledge

Signature with Date