



# Wellness Lifestyle Course

85, First Main Road, Gandhi Nagar Adyar Chennai - 600 020

Phone : 044 - 2440 4937 Fax : 044 - 2440 4935

## Application

Please read the instructions carefully at the back before filling the form. Fill the application form only in blue or black ink. Fill in block letters.

Name : .....

Age / Sex : ..... Date of Birth : .....

Profession : .....

Postal Address : .....

City : ..... State : ..... Pincode : .....

Telephone : ..... Mobile : ..... Email : .....

Are you a member of the Noni Family: Yes / No

If Yes, since how many years are you a member of the Noni Family : .....

### Educational Qualification:

1. Stream of Education in Class XII / Graduation : Science / Arts / Commerce

2. Any other Diploma / Degree held by you : .....

3. Any past experience in the field of Lifestyle / Wellness/ Health : Yes / No

4. If Yes, How many years :

Payment Details : DD No. : ..... Date : ..... Bank : .....

Amount in Rs. .... In Words .....

I hereby declare that the information provided by me in the application form is completely true and I have gone through the instructions before filling the form.

Date :

Signature

*Instructions to be typed on the back of the application form.*

**Instructions to Fill the Form :**

1. Please read the form as well as the instructions before filling the form.
2. Fill the form with either blue / black ink.
3. Please fill the form in clean and neat writing.
4. Please write the address clearly.
5. Attach two recent passport size photographs on the form.
6. Don't not staple the photograph
7. Also attach one Xerox copy of following :
  - a) Class Xth mark sheet
  - b) Identity proof Copy of Passport / Driving License / Voter's ID
8. Please write your name, address, phone no. with signature at the back of the demand draft.