



# LAJPATRAI MEHERA NEUROTHERAPY RESEARCH & TRAINING INSTITUTE (LMNT RTI)

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## Admission Form

PHOTO

STUDENT NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

EDUCATIONS QUALIFICATION: \_\_\_\_\_

	BOARD UNIVERSITY	YEAR	DIVISION
HIGH SCHOOL			
INTERMEDIATE			
GRADUATE			
ANY OTHER			

(Enclose Attested copies of Qualification/Adhaar card/Any ID Proof )

ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL (if any): \_\_\_\_\_

ANY OTHER INFORMATION : \_\_\_\_\_

### **Declaration:**

I declare hereby that all the information mentioned above is true to the best of my knowledge. If anything is found incorrect, at any stage, my candidature may be cancelled and any necessary action that management desires to take may be taken as per the rules of the institute.

I agree to obey all the rules and regulations of the society and maintain discipline at all times. I will accept the "NEUROTHERAPY DIPLOMA" provided by Dr. Lajpatrai Mehera's Neurotherapy Institute, after successful completing the course.

**Signature of candidate**

DATE :

PLACE :