



a) Personal info and Contact details

Name: _____

Age: _____ DOB: DD/MM/YYYY Sex: M | F

Email: _____

Phone: _____

Address: _____

b) Professional info

Graduation (Name & Year): _____

Postgraduate (Name & Year): _____

Other course (Name & Year): _____

Medical registration number: _____

Current role: _____

Organization name: _____

Short summary of professional journey: _____

c) Interest in Anthrosophic Medicine

Why do you choose to do this program: _____

How did you know about Anthroposophic medicine ? _____

d) Declaration

I, _____, declare to follow and participate fully as per the design of the program and maintain the required attendance percentage. I am fully aware that if I discontinue from the program, to rejoin, I will have to wait for the commencement of the next program. I am also fully aware that if I choose to discontinue, I will not be entitled to receive the deposit of INR 50,000 paid at the beginning of the program.

Date:

Place:

e) Enclosure

One recent passport size photograph.
Photocopies of certificates for educational qualification mentioned.