



Baj ONE WELLNESS

INTERNATIONAL MEDICAL MASSAGE THERAPY INSTITUTE
Under the aegis Baj One Wellness Healthcare Private Limited
1599, Sector 82, SAS Nagar-140306, Punjab, India
Ph. : +91 9417500007, Email : immti.india@gmail.com



Admission Application Form

Legal Full Name: _____ Gender: Male Female

Address: _____

City: _____ Province/State: _____ Zip/PC: _____

Phone: _____ Email address: _____

Date of Birth: _____ Place of Birth: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Program Applied For: Full Time Part Time Start Date: _____

How did you hear about IMMTI? _____

Highest Level of Education: GED High School College Degree University Degree

Have you ever been convicted of a crime? Yes No

If yes, explain number of conviction(s) leading to conviction(s), how recently such offenses were committed, sentence(s) imposed and types of rehabilitation. _____

Note: No applicant will be denied admission solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances may, however, be considered.

Disclaimer

The enrolment into the Massage therapy program does not guarantee issuance of visa to the applicant. The visas are issued at the sole discretion of the of the Visa officer of the concerned Visa office of US/Canadian embassy in India.

I hereby certify that the information given by me in this admission application form is true and I have been completely informed about the disclaimer mentioned above.

Signature: _____ Date: _____

Sign and return this application. Applications remain active for 1 year after submission.

Apply by mail: Plot No. 1599, Sector 82, Mohali (SAS Nagar) Punjab, INDIA Pin Code:140306

In person: By appointment only, call +919417500007.

Total amount enclosed: INR _____ Cheque Money Order

Amount to be charged: INR _____ MC VISA

Name on credit card: _____

Card number: _____

Expiration Date: _____ CVV: _____

Signature: _____ Date: _____