

<p style="text-align: center;">DREDDYCLINIC.COM</p> <p style="text-align: center;"><i>Integrated Medical Clinic & Ayurveda School</i></p> <p style="text-align: center;"><i>227/124 Banwangtan, Mooban Wang Tan 5, Soi 3, T. Sanpakwan, A. Hang Dong, Chiang Mai 50230, Thailand</i></p> <p>Mobile. (+66) 9-8505066 Phone. (+66)-53-436284 Fax. (+66)-53-436284</p> <p>Email: dreddy@dreddyclinic.com Web Site: www.dreddyclinic.com</p>	FOR OFFICE USE ONLY
	DATE RECEIVED
	DEPOSIT AMOUNT:
	REPLY DATE & INIT.:
	REPLY DATE & INIT.:

APPLICATION FOR ADMISSION TO THE AYURVEDIC COURSES

Personal Information	Name	
	Street	
	City, State, Postal Code	
	Country	Email Address
	Daytime Phone	Application Date
	Evening Phone	Academic Year Applying for
	Birth Date	Male <input type="checkbox"/> Female <input type="checkbox"/>
Education	High School	Year of Graduation
	Colleges	Degree Year
		Degree Year
		Degree Year
		Degree Year
	Studies Related to Health Care	

Employment	
	Current Occupation # of Years
	Previous Occupation # of Years
Interests	What activities do you most enjoy?
Referral Information	How did you learn about The Ayurvedic School?
Other	Do you have any other questions or needs?

Fee Schedule

Ayurvedic Studies Level I Program

Registration Fee	* \$50
1st Quarter tuition	\$1,500
2nd Quarter tuition	\$1,500
3rd Quarter tuition	\$1,500
Audit Dr. Bettermann's Class, one session	\$50

Integrated Medical Program

6 weeks tuition	\$1,450
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Signed this _____ day of _____ in the year _____,

(Signature)

(Print your name)