

<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 style="text-align: center;">Mobile. (66) 9-8505066 Phone. (66)-53-436284 Fax. (66)-53-436284</p> <p style="text-align: center;">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 CURE PROGRAM

Personal Information	Name	
	Street	
	City, State, Postal Code	
	Country	Email Address
	Daytime Phone	Application Date
	Evening Phone	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?

Personal Goals	What do you expect to get while you are here?
Financial Information	
Referral Information	
	What was the most important factor in your decision to enroll?

Other	Do you have any other questions or needs?
	Do you need any special treatments or medication?
	Are any medical records for us important?

Signed this _____ day of _____ in the year _____,

(Signature)

(Print your name)

You have to send us your application form before you can join the cure, and we have to receive the cure fee 8 weeks before the cure start in our account. We have to prepare many things before your arriving. Only if we receive the fee we can confirm your cure.

Our Account Information's are:



Ayurveda Asia

Ayurveda Asia Co., Ltd.

Siam Commercial Bank Chiang Mai, Thailand

Account No.: 681-2 23180-1

Bangkok Bank Chiang Mai, Thailand

Account No.: 252-4-36123-1