

# Satyawati Yog and Prakratik Chikitsa Kendra

Registration for Naturopathy Treatment

Registration Amount Rs. 100/-

Email \*

Date

Treatment Required for \*

Name \*

Father's Name \*

Age \*

Gender \*

- ☐ Male
- ☐ Female
- ☐ Other

Address

Telephone/Mobile \*

Payment Mode \*

- ☐ Paytm
- ☐ UPI
- ☐ Net Banking
- ☐ Other:

Please Ensure the Following: \*

- ☐ Come empty stomach for treatment
- ☐ Bring one small and one large towel
- ☐ Bring under garments

Submit

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Clear form