

**APPLICATION FOR ADMISSION
TO POST GRADUATE PROGRAMME IN DANCE MOVEMENT
THERAPY COURSE- 2021-2022**

To,

NO -

Sancheti Healthcare Academy (DMT)

1st floor, 11/12 Thube Park

Shivaji Nagar Pune 411005

Madam,

I wish to apply for the PGPDMT course for the year 2020-2021

Name: Dr./ Mr./ Ms./Mrs : _____

Surname

name

Father/ Husband Name

1. Date of Birth: _____

2. Address: _____

3. Mobile No: _____ Land Line No: _____

4. Email Address: _____

5. Education Qualification:

Exam Passed	Board/ University/ Degree	Year of Passing	Class & % of Marks
A. S.S.C./ 10 th			
B. H.S.C. / 12th			
C. Degree (Faculty)			
D. Any Other (Dance)			

6. Work Experience: _____

7. Why do you want to do this course?

Bank Details

NAME OF ACCOUNT HOLDER	SIOR A/C SANCHETI HEALTHCARE ACADEMY
NAME OF BANK	BANK OF MAHARASHTRA
BRANCH	PUNE MAIN BRANCH,LOKMANGAL,PUNE 411005
ACCOUNT NO	60114695837
TYPE OF ACCOUNT	CURRENT
IFSC CODE	MAHB0001150
MICR CHEQUE NO	411014041

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- ❖ Payment Policy – Entire fees should be deposited before the course commences. (Installments on demand)
 - ❖ Cancellation charges will be applicable if candidate cancels the admission.
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(Please attach your attested Xerox copies of all Certificates.)

Date:

Sancheti Healthcare Academy
Anjali Pradhan
88888993944