



Dr. Lall's Certified Counseling Psychology Consultant



Admission for : Dr. Lall's Certified Counseling Psychology Consultant

Mode & Method : Online

Certificate Course Fees : 15,000/-

Joining : Month : _____ Year: 2020

Note : All entries below to be filed in/by the Student himself/herself in CAPITAL Letters

Name of the Applicant :

Date of Birth :

Present Residential Address :

Email ID:

WhatsApp No:

Declaration by Student

I _____ the undersigned hereby declare that the information Furnished in the form is true to the best of my knowledge and belief. I hereby submit that I will do my best to make myself a successful Consultant, I hereby agree to dedicate and invest my time for my personal growth and success as Dr. Lall's Certified Psychology Consultant, I understand that I am a partner for life and would enjoy my contributions of my knowledge and expertise to increase my business & financially prosperity and to expand the Dr. Lall's Clinical Network together.

Place : _____
Date : _____

Signature of Student : _____
Name of Student: _____

Recent Passport Size Color Photograph to be affixed By the Student

Signature of Student

<https://drlall.in>

**Kindly Pay the Certificate Course FEE of Rs. 15,000/-
Course Fees to be paid via online method only and details sent to Office Whatsapp Number.**

Details to be filled in the following format of Course FEEs of Rs 15,000/- (Rupee Fifteen Thousand only)

Online Amount Transferred on Date & Time : _____

Bank Transfer Reference No. (Attached the reference document) : _____

Transferred by Bank Account Number (other modes , etc.) : _____

Account Name : CHIKITSYA

Account Number : 1712409273

IFSC Code : KKBK0000554

Bank Name : KOTAK MAHINDRA BANK

Bank Branch : SD Road Secunderabad, Telengana

Certificate Course Fees Paid Bank Acknowledgement along with the above filled Registration from to be sent via

Whatsapp to +91 99622 05027