



Swedish Academy

OF ELECTROHOMEOPATHY & ALTERNATIVE MEDICINES

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Date:

Registration No.:

European Publication & Educational Media Group AB, Stockholm (Sweden)

A D M I S S I O N F O R M

Course Applying for: _____

Name: _____

Father/Guardian's Name: _____

Nationality: _____ Date of Birth: _____

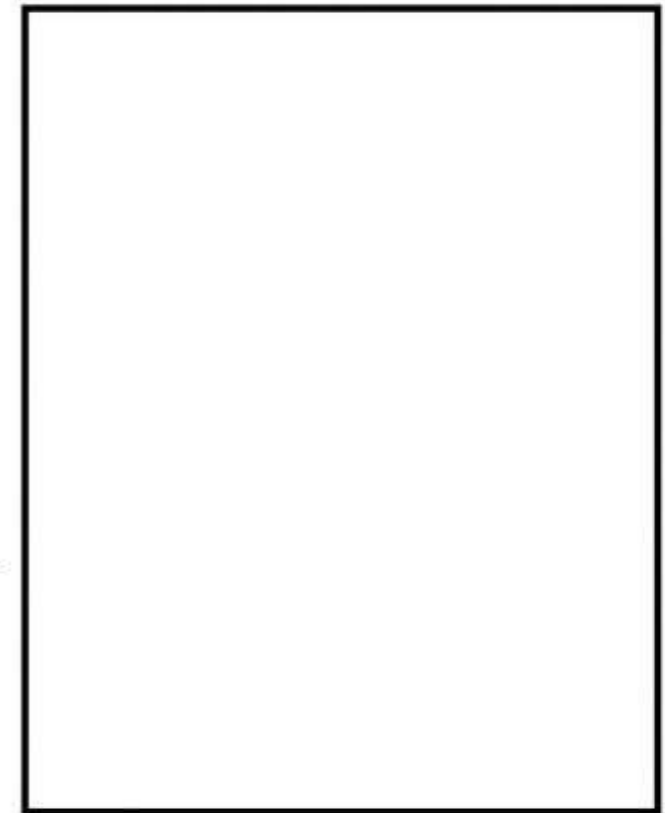
Gender: _____ Civil I.D. No. _____

Street Address: _____

Postal Address: _____

Tel. No. (Res.) _____ Mobile: _____ Parent/Guardian Mobile: _____

E-Mail: _____ Fax: No. _____



Q U A L I F I C A T I O N / W O R K - E X P E R I E N C E

Academic Qualification: _____ Year: _____

Institution: _____

Relevant Courses Taken: _____

Current School / Company: _____

Class / Position: _____ Total Years of Experience: _____

I enclose a Cheque / Draft / Postal Order for Euro _____ as a non-refundable admission fee (adjustable against the course fee on enrollement).

Note:- Please make Cheque/Draft/Postal Order payable to European Publication & Educational Media Group AB.

Enclose copies of educational certificates and four passport size photographs.

* I hereby accept all the rules and regulations set forth by SAEHAM from time to time.

Signature

F O R O F F I C E U S E O N L Y

Batch: _____ Start Date: _____ Duration: _____

Timings: _____ Days: _____

Total Fee: _____

For SAEHAM (Signature)