APPLICATION FORM		
TRADITIONAL ACUPUNCTURIST ORGANISATION	Signature	Affix photograph
Name :	S/o, D/o, W/o :	
Nationality: Date of Birth: Status: Sir	email id : Mobile : Mobile : Married Sex	: M F T
Occupation : Self employed Employed		Others
Details		
Educational Qualification :	Acupuncture Qualification/Tra	ining :
Practicing Acupuncture since	Whether member of any organisat	ion ? If so, furnish details
	Declaration : I hereby declare the	and the particulars given
Practicing at : Princode :	above are correct and if any partic any point of time, I will abide b Traditional Acupuncturist Org if admitted, abide by the rules and	culars found incorrect at by the decisions of the anisation (TAO). I will, regulations of the TAO.
Contistination	·	Signature of the applicant
	ress Proof Photo ID F	7001
Application No. : Membership No. :	Lifetime OFFICIAL USE ONLY	Approved by :
EC Members Mem	er Secretary	President

"Registration No: 380 / 2014 Under Society Registration act (TN) 27of 1975"