

**DETAILS ABOUT AYURVED MASSAGE-YOGA- NATUROPATHY- INDIAN
MEDICATION**

1	Name of Institution:	
2	Address:	
3	Village / City	District:
4	Telephone: Mobile: E-mail:	Fax. No.
5	Name of MD / Director	
6	Name and contact details of other important persons of the Institution.	
7	Services provided and other details.	
8	Services	Rates
9	Accommodation details if any	Rates
10	Photos enclosed.	C D / Video
Remarks		

Name:

Signature:

Date:

Designation: