

A 5- Day Level 1 Course in English on Tibetan Medicine (September 11 -15, 2017)

Registration Form

(Please type or use capital letters)

Name: _____

Gender: _____ Date of Birth: ___ / ___ / _____ (dd/mm/yyyy)

Nationality: _____ Passport No: _____

Date of Issue: _____ Place of Issue: _____ Date of Expiry: _____

Profession: _____ Address: _____

Phone: _____ Email: _____

Arrival Date in Dharamsala: _____ Departure Date: _____

Date: _____ Signature: _____

Please detach the registration form and send it with two passport sized photographs and course fee to:-

Ms. Sonam Lhamo (Course Co-ordinator)

Men-Tsee-Khang

(Tibetan Medical & Astrological Institute of H.H. the Dalai Lama)

Dharamsala-176215

Distt. Kangra, Himachal Pradesh, INDIA.

Email: tmaicollege@men-tsee-khang.org

A 5- Day Level 2 Course in English on Tibetan Medicine (September 16 to 21, 2017)

Registration Form

(Please type or use capital letters)

Name: _____

Gender: _____ Date of Birth: ___/___/___ (dd/mm/yyyy)

Nationality: _____ Passport No: _____

Date of Issue: _____ Place of Issue: _____ Date of Expiry: _____

Profession: _____ Address: _____

Phone: _____ Email: _____

Arrival Date in Dharamsala: _____ Departure Date: _____

Date: _____ Signature: _____

Please detach the registration form and send it with two passport sized photographs and course fee to:-

Ms. Sonam Lhamo (Course Co-ordinator)

Men-Tsee-Khang

(Tibetan Medical & Astrological Institute of H.H. the Dalai Lama)

Dharamsala-176215

Distt. Kangra, Himachal Pradesh, INDIA.

Email: tmaicollege@men-tsee-khang.org

A 5- Day Level 3 Course in English on Tibetan Medicine (September 22 to 27, 2017)

Healthy Mind Healthy Body **Materia Medical & Pharmacology** (*Tick your choice of course title*)

Registration Form

(Please type or use capital letters)

Name: _____

Gender: _____ Date of Birth: ___ / ___ / _____ (*dd/mm/yyyy*)

Nationality: _____ Passport No: _____

Date of Issue: _____ Place of Issue: _____ Date of Expiry: _____

Profession: _____ Address: _____

Phone: _____ Email: _____

Arrival Date in Dharamsala: _____ Departure Date: _____

Date: _____ Signature: _____

Please detach the registration form and send it with two passport sized photographs and course fee to:-

Ms. Sonam Lhamo (Course Co-ordinator)

Men-Tsee-Khang

(Tibetan Medical & Astrological Institute of H.H. the Dalai Lama)

Dharamsala-176215

Distt. Kangra, Himachal Pradesh, INDIA.

Email: tmaicollege@men-tsee-khang.org