
Faculty of TIBB – Eastern Medicine

APPLICATION FORM

Diploma Course

Please enroll me on the foundation of **Tibb An Nabawi (Prophetic Medicine)/
Counselling & Psychotherapy (Nafsiyat) course**

Find enclosed a cheque / postal order to the value of £495 []

Or

Payment has been already paid through our admissions office []

After the satisfactory completion of the foundation course I wish to study:

Diploma in Tibb An Nabawi (Prophetic Medicine) []
Diploma in Counselling & Psychotherapy (Nafsiyat) []

NAME: _____

ADDRESS: _____

POSTCODE: _____ TEL: _____

FAX: _____ EMAIL: _____

D.O.B: _____

Declaration

- I declare that the information I have given is correct.
- I undertake not to act in anyway which may bring dishonour to **THE MOHSIN INSTITUTE – Faculty of TIBB**
- I agree **not to practice any therapy** until I have **fully qualified** from **THE MOHSIN INSTITUTE**
- I understand that all fees paid in respect of the course are non-refundable.

SIGNATURE: _____ DATE: _____

All Cheques should be made payable to **THE MOHSIN INSTITUTE**

All communications to:

THE MOHSIN INSTITUTE Faculty of *TIBB*

446 East Park Road Leicester LE5 5HH. England

TEL (+44) 116 273 8614 FAX: (+44) 709 280 9281

Email: info@mohsinhealthgroup.co.uk

Website: www.mohsinhealthgroup.co.uk

Please provide a brief statement as to why you wish to study at the college. Also if you wish for an exception to for certain modules, include any past, relevant, experience or qualification that you may have.

Please send a copy of your CV via email or through the post using the contact details above.