

Application form for "Pre MOU of Anti Piles Complete Solution; DEMO kit"

The following information is verified by me

1. That I am Dr. a registered doctor from Ayurveda / any other Pathy. That through me all related information to the treatment of "Anti Piles Complete Solution" the product of Pharma Science the Indian Ayurveda has been well understood and I am impressed by this method of treatment and willing to take the franchise of Pharma Science the Indian Ayurveda in my area.
2. That through me, the MOU made by the company for the franchise has been completely well read and understood.
3. This will be followed through the entire instructions and manuals in the MOU through me.
4. It has been urged from me to use 1 demo kit for the treatment of "Anti Piles Complete Resolution".
5. It is well known to me that the component of medicine used in the first phase of this treatment is toxic, so it is my responsibility to give this notice through me to the patient during treatment.
6. That it is well known to me that the medicine used in the first phase of the treatment should be only applied on the surface of the lymph nodes.
7. The information about taking complete bed rest for 7 days will also be given to the patient through me.
8. Therefore, I am aware of the full risks associated with treatment and I am responsible for giving this treatment to patient with caution.

Name of the applicant

Applicant's signature

Date