

# 2025-26 ADMISSION GOING ON

CLASSES STARSTS FROM NOVEMBER 2025

## OUR COURSES

**Course: CERTIFICATE IN CLINICAL ACUPUNCTURE  
(C.C. ACU)**

**Duration: 1 YEAR**

**MODE: (THEORY -ONLINE / PRACTICAL-DIRECT)**

**Eligibility: SSLC PASS (NO AGE LIMIT)**

**Course: MODERN METHODS OF CLINICAL ACUPUNCTURE  
(M.M.C. ACU)**

**Duration: 1 YEAR MODE: (THEORY -ONLINE / PRACTICAL-DIRECT)**

**Eligibility: PASS IN C.C. Acu [or] ANY ACUPUNCTURE COURSE  
(NO AGE LIMIT)**



**Course: CERTIFICATE IN CLINICAL ACUPUNCTURE (C.C. ACU)**

**Duration: 1 YEAR MODE: (THEORY -ONLINE / PRACTICAL-DIRECT)**

**Eligibility: SSLC PASS (NO AGE LIMIT)**



**Course: MODERN METHODS OF CLINICAL ACUPUNCTURE (M.M.C. ACU)**

**Duration: 1 YEAR MODE: (THEORY -ONLINE / PRACTICAL-DIRECT)**

**Eligibility: PASS IN C.C. Acu [or] ANY ACUPUNCTURE COURSE NO AGE LIMIT)**

**COURSE DETAILS**

**BROUCHER**

**APPLY NOW**

**1**

**COURSE DETAILS**

**BROUCHER**

**APPLY NOW**

**1**

1

## STUDENTS ENROLLMENT FORM:

NAME OF THE APPLICANT  
(IN CAPITAL LETTER WITH INITIAL) : \_\_\_\_\_

NAME OF THE PARENT / GUARDIAN: \_\_\_\_\_

ADDRESS FOR COMMUNICATION  
WITH PIN CODE : \_\_\_\_\_

\_\_\_\_\_  
-----

AGE: \_\_\_\_\_ / D.O.B [DD/MM/YYYY] : \_\_\_\_\_

MOBILE NO: \_\_\_\_\_

WHATSAPP NO: \_\_\_\_\_

E-MAIL ID: \_\_\_\_\_

EDUCATIONAL QUALIFICATION: -----

OCCUPATION: -----

DATE OF BIRTH AND AGE: -----

GENDER: \_\_\_\_\_ / MARITAL STATUS: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ RELIGION: \_\_\_\_\_

COMMUNITY: \_\_\_\_\_



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2

No I will Pay Later

Reg /  
Admsn  
fees: 3,000  
Rs

Yes I Pay Now



ACU NITHY Pudukai



UPI ID: acunithy2030-2@okaxis

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SUBMIT

I hereby declare that all the particulars given above are correct and I agree to abide by all the Rules and Regulations of the Acunithy healthcare that are in force from time to time.



I accept



Registration completed successfully

OK

Datas Moved into Acunithy.com Admin Panel