

# REGIMA TRAINING INSTITUTE OF HIJAMAH & ILAJ BIT TADBEER



## Registration Form



Ref. No.

Name (CAPITAL) .....

S/O .....

Medical Registration No. .... Qualification .....

Address For Communication .....

.....

Permanent Address .....

.....

Mobile No. .... E-mail .....

Payment made by Cash / D.D. Amount ..... D.D. No. ....

Date ..... Bank ..... Branch .....

(D.D. in favour of " **Support Society (2S)**

payable at **HDFC Bank, Jasola, New Delhi - 110025**

(For office Use Only)

Date of Joining: .....

Date of Completion: .....

Signature of the Candidate