



TRAINING WORKSHOP ON 'SCIENTIFIC HIJAMAH'

Organised By:

SCIENTIFIC SOCIETY OF HIJAMAH
الجمعية العلمية للحجامة

Registration Form

Ref. No.

Name (CAPITAL)

S/O

Medical Registration No. Qualification

Address For Communication

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Mobile No. E-mail

Accommodation Needed : Yes / No

Arrival Date & Time: Departure Date & Time:

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 direct amount transfer into the account of Organisation, attached this receipt with your registration form and send soft copy by e-mail.

Online Transaction:

Account Name: **Support Society Account No. 09231450000094**

Bank **HDFC Bank, Jasola, New Delhi**

IFSC Code **HDFC 0000923** Swift Code

Date:

Send this form to:

REGIMA Hijamah Clinic & Skin Care Centre

Silver Plaza, Anupshaher Road, Jamalpur, Aligarh-202002 U.P. INDIA

Contact No.: +91-9557400126,

E-mail: dr.smalik100@gmail.com

Signature