

S- 549, Greater Kailash Part II, New Delhi – 110048,

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Registration Card

(To be filled in capital letters)

| Date | Registration No: |
|---|---|
| Name | Date of Birth |
| Mobile Number 1. | _ Would you like to receive updates? YES/NO |
| 2 | _ |
| Landline no: | _ |
| E-Mail 1. | _ |
| 2. | Would you like to receive updates? YES/NO |
| A. Present Address | B. Permanent Address |
| History: 1. Brief medical and surgical history (including use of any medications): | |
| 2. Known Allergy, if any | |
| Lab Investigations: | |
| Blood Group HIV HBsAg HCVVDRL | |

An initiative by



