

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 _____

COVID-19 RT-PCR _____

An initiative by

