

COURSE REGISTRATION FORM

Name: **AS REQUIRED ON CERTIFICATE. KINDLY USE BLOCK LETTERS**

Address (Present) _____

Street _____ City _____

State _____ Country _____ PIN _____

Qualifications: _____

Institution Passed From _____

Mobile No.: _____ Alternate Contact No.: _____

Email: _____

Name(s) and Date(s) of course(s) interested in: _____

Food preference : Jain _____ Non-Jain _____ Drink Preference : Tea _____ Coffee _____

Food Allergies (please specify if any) _____

Payment mode (Please tick)

- Cash (Amount) _____
- DD/Cheque No. _____ Dated _____ Amount _____
Drawn on _____
- Direct Deposit (Amount) _____ (Please attach receipt)
- NEFT/RTGS Amount _____ Transaction Reference No. _____

**Wire transfer details – Account Name – PHYSIOHEALTH Bank Name – HDFC, Khar West Branch, Mumbai
Account Type – Current Account Number – 50200021260392 IFSC Code: HDFC 0000002
Cheque/DD to be drawn in favour of “PHYSIOHEALTH” payable at Mumbai**

KINDLY COURIER FORM ALONG WITH PROOF OF PAYMENT TO THE ADDRESS MENTIONED BELOW

Terms – No video recording allowed. Fees non-refundable unless event is cancelled. Migration from one program to another not allowed. Organizers reserve the right to reschedule the program if required.