

REGISTRATION FORM

**NATIONAL CONFERENCE CUM WORKSHOP
ON
ROLE OF REGIMENTAL THERAPY IN MANAGEMENT OF JOINTS PAIN**

(MONDAY 02.05.2016)

NAME OF DELEGATE (IN CAPITALS):-----

TEACHER/STUDENT/PRACTITIONER: CHECK APPROPRIATELY.

CORRESPONDENCE ADDRESS: -----

PHONE (OFFICE) ----- RESIDENCE-----

Email Id -----

**Note: This Programme is being organized for the propagation of Unani System of Medicine so there is
NO REGISTRATION FEE.**

- Please register your name as early as possible so that the arrangement of your lunch etc can be done by the organizers.

DATE----- SIGNATURE OF DELEGATE-----

REGISTRATION ACCEPTED/REJECTED

(DR.ANWER SAEED)
CHAIRMAN,ORGANISING COMMITTEE

Note: Send this form to: SAS Unani Hospital, Jamia Tibbiya Deoband, GT Road-Deoband or email us at info@unanihospital.in

➤ **No T.A&D.A is applicable for the delegates.**