



SHREE BIDADA SARVODAYA TRUST
Sanchalit: SHAH KALYANJI MAVJI PATEL AROGYADHAM
JAYA REHABILITATION INSTITUTE & RESEARCH CENTER



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REGISTRATION FORM

**HANDS ON REHABILITATION MANAGEMENT OF STROKE AND OTHER NEUROLOGICAL
CONDITIONS related to Therapy (Physiotherapy/Occupational Therapy) & Orthotics**

On

1st, 2nd & 3rd December, 2017 (Friday, Saturday & Sunday (half day))

DATE:- _____

Name of Candidate :- _____

Date of Birth :- _____

Age / Sex :- _____

Professional Qualification :- _____

Council Registration No :- _____ Association Reg. No: - _____

Designation :- _____

Institution & Address :- _____

Residential Address :- _____

Contact Number :- _____

E-Mail ID :- _____

Payment Details :- Course Fees: Rs _____ DD No. _____

Dated:- _____

(Only for students & Internees)

Sign & Seal of Head of the Department

Signature of the Candidate

(You can Use Xerox Copies of This Form)