



SHREE BIDADA SARVODAYA TRUST

SHRI K M PATEL AROGYADHAM

Sanchalit

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/Speech Therapy) & ORTHOTICS

On

11th, 12th&13th November, 2016

DATE:- _____

Name of Candidate	:-	_____
Date of Birth	:-	_____
Age / Sex	:-	_____
Professional Qualification	:-	_____
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)