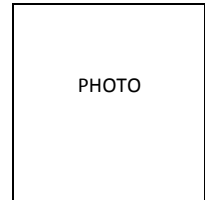




## PHYSIOSVIMS-2014

### REGISTRATION FORM



1. Name of the Individual :
2. Address :
3. Telephone :
4. Mail ID :
5. Accompanying Persons :
6. Accompanying person names :
7. Category : (Please mark below whichever is applicable)

SCOPAA

APPTA (Membership No)  .....

STUDENT

PROFESSIONAL

All future communication will be through email & mobile.

Mode of Payment : \_\_\_\_\_.

D.D. No : \_\_\_\_\_.

Dated : \_\_\_\_\_.

Bank : \_\_\_\_\_.

#### Note:

- SEND THE DULY FILLED REGISTRATION FORM TO  
THE PRINCIPAL,  
COLLEGE OF PHYSIOTHERAPY,  
SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES,  
TIRUPATI-517507,  
ANDHRA PRADESH.

