

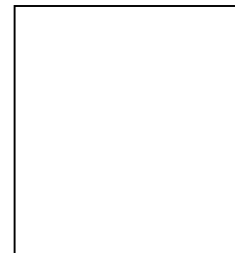


# SHAHEED BHAGAT SINGH HEALTH EDUCATION & RESEARCH COUNCIL OF INDIA

Office No. 513, 4th Floor, Prime Plaza, Munsipulia, Indiranagar, Lucknow UP. (226016)

## REGISTRATION FORM

To,  
The Registrar  
Shaheed Bhagat Singh Health Education & Research Council Of India



Application for Registration of Diploma\_\_\_\_\_

1. Name\_\_\_\_\_

2. Date of Birth\_\_\_\_\_

3. Father's Name\_\_\_\_\_

4. Mother's Name\_\_\_\_\_

5. Course Duration\_\_\_\_\_

6. Training Period (MM/YYYY) From\_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

7. Permanent Address\_\_\_\_\_

District\_\_\_\_\_ State\_\_\_\_\_ Pin Code\_\_\_\_\_

8. Mobile No.\_\_\_\_\_ E-mail ID\_\_\_\_\_

9. Name of Training Center\_\_\_\_\_

10. Month & Year of Passing\_\_\_\_\_

11. Final Year Roll No.\_\_\_\_\_

Signature of Candidate