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**DPTS REGISTRATION FORM FOR A DOCTORS**

Form No: Date:

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:[\_]Male [\_] Female Date Of Birth ( )\_\_\_\_\_\_\_

Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landline No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualifications:

Speciality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expertise\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Years Of Experience\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional associations [\_] IMA [\_] NIMA [\_] OTHERS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Short Profile (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WebSite/Facebook/Twitter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscription : [\_] Silver(Free) [\_] Gold (RS.499/-month or Rs.5000/-annually)

Smart Phone : [\_] Android [\_ ] iPhone [\_]Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Declaration: I hereby declare that the details furnished above are true& correct to the best of my knowledge and belief and I Undertake to inform you any changes therein,immediately.  Signature: |