



COURSE REGISTRATION FORM

Name: **AS REQUIRED ON CERTIFICATE. KINDLY USE BLOCK LETTERS**

Address (Present) _____

Street _____ City _____

State _____ Country _____ PIN _____

Qualifications: _____

Institution Passed From _____

Mobile No.: _____ Alternate Contact No.: _____

Email: _____

Name(s) and Date(s) of course(s) interested in: _____

Food preference: _____

Food Allergies (please specify if any) _____

Payment mode (Please tick)

- Cash (Amount) _____
- DD/Cheque No. _____ Dated _____ Amount _____
Drawn on _____
- Direct Deposit (Amount) _____ (Please attach receipt)
- NEFT/RTGS Amount _____ Transaction Reference No. _____

Wire transfer details – **Account Name – PHYSIOREVIVE, Bank Name – ICICI Bank**, New Rohtak Road Branch, Karol Bagh, New Delhi -110005, INDIA, **Account Type – Current, Account Number – 071505500437, IFSC Code: ICIC0000715**

Cheque/DD to be drawn in favour of “**PHYSIOREVIVE**” payable at New Delhi

Kindly Email or WhatsApp this form along with the copy of Payment receipt on **+91 98102 27127, 9818916127**

Email. physiorevive@gmail.com

Terms – No video recording allowed. Fees non-refundable unless event is cancelled. Migration from one program to another not allowed. Organizers reserve the right to reschedule the program if required.