

Attach Picture

Passport Size

**Course Registration Form**

**Academy of Physiotherapy**

|  |  |  |
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| **Course Entitle of (Name of course you are Registering)** | **:** |  |
| **Name of the participant** | **:** |  |
| **Age of the Participants** | **:** |  |
| **Sex of the Participants** | **:** |  |
| **Father’s Name** | **:** |  |
| **Mothers Name:** | **:** |  |
| **Nationality** | **:** |  |
| **Present Address** | **:** |  |
| **Permanent Address** | **:** |  |
| **Educational Qualifications** | **:** |  |
| **Institute Name** | **:** |  |
| **Clinical Experiences** | **:** |  |
| **Present Working Address with Designation** | **:** |  |
| **Completed CPD/Training/Workshop’s** | **:** |  |
| **Membership Registration Number of Professional Body** | **:** |  |
| **NID/Passport Number** | **:** |  |
| **Email ID** | **:** |  |
| **Cell Phone/Mobile Number** | **:** |  |
| **Signature with Date** | **:** |  |