



# HAMDARD PHYSIOCON 2017

**Theme: Physical Activity for Life**

**Organized by:** Department of Rehabilitation Sciences, Faculty of Allied Health Sciences, Jamia Hamdard (Hamdard University) New Delhi-110062

**On**

**World Physiotherapy Day**

**8<sup>th</sup> September 2017**

## **REGISTRATION FORM (TO BE FILLED IN BLOCK LETTERS)**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_ (Students mention Specialty and Year)

Institute with complete Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephones: Landline \_\_\_\_\_ Mob. \_\_\_\_\_ Email ID: \_\_\_\_\_

Dietary Requirements:

(If not filled will be considered as VEG.): Vegetarian \_\_\_\_\_ Non Vegetarian \_\_\_\_\_

Details of payment: Bank \_\_\_\_\_ Draft No. \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_

Important:

1. Registration fee – Rs 500/- ; Mode of Payment- DD in favor of “JAMIA HAMDARD” payable at New Delhi or by Cash
2. Last date for registration 1<sup>st</sup> September 2017
3. Institutes and Groups can give combined drafts along with the individually filled registration forms.
4. Registration is strictly on first come first serve basis – Limited seats
5. After 1<sup>st</sup> September please confirm with the organizing secretary whether seats are available or not or check on the University website.
6. Please write your designation (Students write their specialty and year) and Institutes' name on the envelope and on the back of the draft.
7. Mailing Address : Organizing Secretary; Hamdard Physiocon 2017; Room No. 536 , Dept.of Rehabilitation Sciences, Central Library Building, Jamia Hamdard, New Delhi - 110062  
Email: [nhamdani@jamiahamdard.ac.in](mailto:nhamdani@jamiahamdard.ac.in)

Abstract to be sent on: [jamiahamdardphysiocon2017@gmail.com](mailto:jamiahamdardphysiocon2017@gmail.com)