

AMPLITUDE SPORTS REHABILITATION CENTRE

Reg. No. 800572002400003, (855) Educationa Support Services,
Societies Regulation act, 1958

COURSE REGISTRATION FORM. KINDLY USE BLOCK LETTERS

Name: AS REQUIRED ON CERTIFICATE

Address (Present) _____

Address Permanent _____

City _____

State _____ Country _____ PIN _____

Qualifications: _____

Institution Passed/Pursuing From _____

Mobile No.: _____ Alternate Contact No.: _____

Email: _____

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

Payment mode (Please tick)

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

**KINDLY EMAIL REGISTRATION FORM, ALONG WITH PROOF OF PAYMENT, ACADEMIC MARKSHEET,
PASSPORT SIZE PHOTO**

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.

Guardian Signature.....

Candidate Signature.....

Email id: sportsphysio89@gmail.com

Mob: 08558852145