

# Thalassemics India. (regd.)

A-9, Nizamuddin (West), New Delhi - 110 013

Tel : 24353871

## REGISTRATION FORM

Parent/ Guardian's Name :

Religion

Ancestral Place

Address (R)

(O)

Telephone (R)

(O)

(M)

E MAIL ID:

Occupation

Name of your Thalassemia Child

Date of Birth

Sex

Blood Group

Blood Transfused at

Status of HBV. HIV & HCV

Kindly mail this Registesation Form along with a Cheque / DD of Rs 2000 for life membership to THALASSEMICS INDIA, A-9, Nizamuddin West, New Delhi-110013,INDIAFor any other information kindly contact phone no.24353871