



An ISO 9001:2008 Certified Academy

Provisional Registration Form

Name : Mr./Ms./Mrs./Prof./Dr. _____

(Tick Appropriate)

(First Name)

(Last Name)

Date of Birth: _____

(DD/MM/YYYY)

Correspondence Address : _____

City : _____ State : _____ Country: _____ Pin : _____

Phone (Resi.) : _____ Mobile : _____ Office : _____

E-mail : _____

Permanent Address:

Address : _____

City : _____ State : _____ Country: _____ Pin: _____

Educational Qualification:

Year	Course	University	City	Percentage

Working Experience:

Name of the Present Company: _____

Position Year / Period: _____ City: _____

Salary: _____

Which Course You Would Like to Join: _____

Fee Details: Cash Cheque / Draft No. _____ Date: _____ Bank: _____

Other: _____

Where did you hear about Cliniminds

Internet Friends Advertisement Industry Referral Cliniminds Promotion

I accept all terms & conditions.

Date :

Place :

(Signature)

Fee Payment: Bank Draft for the fee to be made in the Name of **Tenet Health Edutech Pvt. Ltd.** Payable at New Delhi.

Terms & Conditions:

1. THEPL's reserves the right to offer admission in the courses.
2. Course would be activated upon credit of the fee in THEPL's A/c, and upon fulfilling all terms & conditions.
3. Online activation would be done within 3 working days of credit of payment in THEPL's A/c.
4. Printed study material would be dispatched within 10 working days.
5. For all other terms & conditions, please log on to the website www.cliniminds.com
6. Payment receipt would be issued within 3 working days of receipt of payment.

Tenet Health Edutech Pvt. Ltd.

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