

# APPLICATION FORM FOR REGISTRATION AS A SCL MITRA

SR. No : SCL/50/

1. Applicant's name:
2. Father's Name:
3. Date of Birth :
4. Qualification :

Sex:



Class	Board /Institute/College	Passing Year	Subject

9. Contact No. : Mobile .....Tel. No. ....

10. Address for correspondence: .....

.....  
City.....State.....Pin.....

11. Nationality:

12. Religion:

13. How you know to SCL :(1)ByFriend (2)ByReference

14. Identity Proof: (1) Election ID (2) Aadhar Card (3) PAN Card (4) Passport

15. Are you agreeing to participate in Health training Program YES/NO

I hereby declaring that the above said health centre is unit of SCL. I am agree with the terms & condition of SCL and agree to abide by them. I will follow all rules & regulation of SCL which mentioned in its certificates. If we not follow it, I will solemnly responsible. I am agree to run our clinical centre as Primary Health Centre in our area.

Date of submission:

Signature of Applicant

Registration No.....

Receipt No. ....