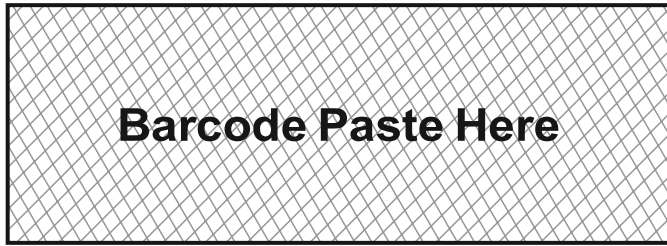


# Covid-19 (RT-PCR) Registration Form



Client Code : \_\_\_\_\_

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

Age/D.O.B. : \_\_\_\_\_

SRF ID :

Mobile No :

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

\_\_\_\_\_

\_\_\_\_\_ District : \_\_\_\_\_ Pin : \_\_\_\_\_

Aadhar No. :

Passport No. : \_\_\_\_\_

Nationality \_\_\_\_\_

Note : All information must be filled in Capital Letters

## **PRABHAT DIAGNOSTIC CENTRE**

SHOP NO.-4, OPP. DARGAH SHARIF, JHARIA MARKET, SARAI KHWAJA, FARIDABAD-121003

CUTOMER CARE NUMBER : 0129-4133550, 9810305563