

**Registration Form**

**“Principles of Sports Assessment”**

Amar Jyoti Institute of Physiotherapy  
(University of Delhi)

2<sup>nd</sup> & 3<sup>rd</sup> February 2018

Name: .....

Age/Gender: .....

Contact Number: .....

E-mail: .....

Address: .....  
.....

Educational Qualification: .....

Name of the College/Hospital/Organization: .....

Preferred Mode of communication: E-Mail .....  
Telephone .....Written Correspondence .....

Cheque/DD no: dated.....in favour of “Amar Jyoti Charitable Trust (BPT)” payable at Delhi. (In case of payment by cheque, the registration will be confirmed only after clearance of cheque.)

Photo copies of this registration form will also be accepted