



SAAFI DIABETIC AND HYPERTENSIVE CLINIC

APPLICATION FORM FOR TRAINING OF OBERSVERS FOR BP MEASUREMENT

Title: Mr. Ms. Mrs. Dr. Prof.

Name:

Middle Name:

Last Name:

Gender: Male Female

Organization:

Job title:

Contact address:

E-mail:

Phone/ Mobile No:

Qualifications: B.Sc. M.Sc. PhD MBBS/MD Others

Bachelor Degree:

Masters Degree:

Mode of Payment (tick one): Bank Draft Online transfer

Kindly fill-in your payment details here:

Bank Draft: Amount..... Date
Draft Detail.....

Online Transfer: Amount..... Date
Transfer Details.....

Full Name of Applicant.....

Date..... Signature.....

*** Send completed application to admin@saficlinic.com or bring the hard copy to the center.**