**REGISTRATION FORM (ONLY FOR ACUTE DISEASES)**

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| --- | --- |
| **Name** |  |
| **Present Address** |  |
| **Permanent Address** |  |
| **Phone Number** |  |
| **WhatsApp No** |  |
| **Email ID** |  |

**DETAILS OF FAMILY MEMBERS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Age** | **Sex** | **Occupation** | **Relation** | **Aadhar No.** |
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**INDICATE YOUR CHOICES**

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| --- | --- |
| **Do you want to keep homeopathic medicines at home? (Tick (**✓**) your preference).** | **YES/ NO** |
| **If YES, what is your preference for buying Homeopathy Medicines? (Tick (**✓**) your choice).** | * Prefer to buy Medicines from Swasthya Bhandar * Prefer to buy Medicines from the Open Market |
| **If you prefer to buy Homeopathy Medicines from Swasthya Bhandar, which Medicine Package you want to buy? (Tick (**✓**) your choice)** | * Primary * Standard * Premium |