

REGISTRATION FORM



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● TO BE FILLED BY TRAVELLER IN CAPITAL LETTERS

FIRST NAME	MIDDLE NAME	LAST NAME
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AGE: _____ GENDER : MALE FEMALE

MOBILE NUMBER : _____ MOBILE NO. BELONGS TO: SELF RELATIVE

EMAIL ID: _____

PASSPORT NUMBER: _____ NATIONALITY: _____

COMPLETE DESTINATION ADDRESS: _____

VILLAGE/TOWN/LOCALITY: _____ TALUKA: _____

DISTRICT: _____ STATE: _____

SYMPTOMATIC: YES NO VACCINATED (BOTH DOSES): YES NO

AIRLINE (ORGANISATION) : _____

Kindly whatsapp your feedback to 9145150120 or email laboratory@victorhospital.com