

Thalassemics India (regd.)
A-9, Nizamuddin West, New Delhi-110013
Tel: 011-41827334, 011-46595811
Email: thalcind@yahoo.co.in

REGISTRATION FORM

Parent/Guardian's Name :

Religion :

Ancestral Place :

Address (R) :

(O) :

Telephone (R) :

(O) :

Occupation :

Name of your
Thalassemia Child :

Date of Birth :

Sex :

Blood Group :

Blood transfused at :

Status of HBV, HIV & HCV :

