

**Thalassemics India ( regd. )**  
A-9, Nizamuddin West, New Delhi-110013  
Tel: 41827334, 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 :

