Health Records Association of INDIA

(Registered under Societies Registration Act)
1975/27ACT, Reg.No 74/2003

Registration Form

(Please write your name in capital letters as it will be printed on your Certificate & ID Card)

Name: .....

Date of Birth: .....

Nationality: .....

Residential Address: .....

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Telephone No:..... / **Mobile No:**.....

E-mail ID: .....

Office Address: .....

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Telephone No:..... / **Mobile No:** .....

Official E-mail ID: .....

Qualification:.....

Working Experience (Write in the reverse order starting from the last position you held)

S.No	Position Held	Name of the Institution	From	To	No of Years

If you are interested to join in our HERA-I Whatsup group message to this no: +91 99520 64549

Signature of the Applicant