PiCaSoid
The Health Platform for Everyone.

CLINIC REGISTRATION FORM

Clinic Name			
Recognition No. (if any)			
Email ID		**Website**	
Address			
Contact Number			
State:	**Pin:**	**District:**	
Branches (if any)			

AVAILABLE DEPARTMENTS	

SERVICES AVAILABLE	

CLINIC TIMING:

DAYS	START TIME	END TIME
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

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SL. No.	PARTICULAR	Details
1	Clinic Representative Name	
2	Designation	
3	Mobile No.	
4	Email ID	

LIST OF SOFTCOPY REQUIRED TO SUBMIT:

SL. No.	PARTICULAR
1	LOGO of Clinic (Soft Copy).
2	Clinic PHOTOS (Soft Copy) to highlight on PiCaSoid app and website (Soft Copy).

Undertaking

I solemnly state that the information given on this form is true and correct and all the information provided in this form can be use or made available on any PiCaSoid related services.

Clinic Representative (Signature)

Date: Place: