

SWASTHA System User Registration Form

Institution Code & Name

<input type="text"/>	<input type="text"/>
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User Details

Name with Initials

Full Name

NIC

Mobile No

Designation

Email ID

Nature Of Duty

I certify that the above details are true and correct on behalf of my knowledge.

.....
Signature

.....
Head of the Institution

.....
Date

.....
Date

FOR SWASTHA ADMIN USE

Approved:

Registered:

Username:

User Role:

Authorized Signature:

Signature:

Designation:

Date: