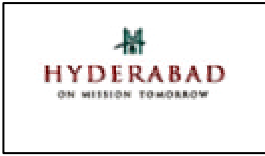


Application No:

GREATER HYDERABAD MUNICIPAL CORPORATION



REGISTRATION FORM
HOSPITALS/ NURSING HOMES
ALL FIELDS MUST BE FILLED IN CAPITAL



Name:

Address:

Tel : Cell:

E-mail:

Services Offered

Other Considerations Offered:

Nearest Police Station

I certify that the above information is true to the best of my knowledge and belief.

Signature
(Authorised signatory)

Name & Designation

Online Registration at <http://ghmc.gov.in> or send by post to

Commissioner & Special Officer,
Greater Hyderabad Municipal Corporation,
Municipal Complex, Tankbund Road,
Hyderabad-500063