PART 1

Shifa Holistic Healthcare Limited

DIPLOMA REGISTRATION FROM

SELECT ONE OF THE DIPLOMA PROGRAMS BELOW

- ( ) DIPLOMA IN HIJAMA CUPPING THERAPY
- ( ) DIPLOMA IN TRADITIONAL MEDICAL SCIENCE
- ( ) DIPLOMA IN HIJAMA CUPPING THERAPY AND TRADITIONAL MEDICAL SCIENCE

FIRST AND MIDDLE NAME

LAST NAME

GENDER (MALE OR FEMALE)

MALE ☐ FEMALE ☐

AGE

DATE OF BIRTH

PHONE

STATUS

SINGLE ☐ MARRIED ☐ DIVORCED ☐

EMAIL ADDRESS

NO OF CHILDREN

NO OF BOYS & GIRLS

CITIZENSHIP

CITY

ZIP CODE

COUNTRY

EDUCATION

EDUCATION

4 Dallaji Road, Isa Kaita Road, opp. FTC gate on, Malali 800213, NasarawaKaduna State

www.shifahholistichealthcare.com

PART 2

OTHER CERTIFICATES

OTHER CERTIFICATES

EMPLOYMENT STATUS

OCCUPATION

EMPLOYED ☐ UNEMPLOYED ☐ STUDENT ☐

MEDICAL PRACTITIONER

CITY OF PRACTICE

TRADITIONAL | PROPHETIC ☐ ORTHODOX ☐

ADDRESS

UNIVERSITY

CITY

MEDICAL TRAINING / CERTIFICATE

UNIVERSITY

CITY

GOAL

☐ I HEREBY DECLARE THAT I HAVE READ AND UNDERSTOOD THE STATEMENTS AND REQUIREMENTS OF THE TRAINING, AND I AGREE TO COMPLY WITH ALL APPLICABLE POLICIES AND REGULATIONS.

YOUR SIGNATURE

VISIT THE LINK TO PAY ONLINE: https://shifahholistichealthcare.com/enroll

NOTE: USE YOUR EMAIL AND PHONE NUMBER REGISTERED ON THIS FORM TO PAY ONLINE

OFFICIAL USE ONLY

PART 3

MEMBERSHIP TYPE

ONLINE ☐ OFFLINE (NIGERIA ONLY) ☐

DATE

REGISTRATION NUMBER

PAYMENT TYPE

STAFF NAME

CITY

STAFF SIGNATURE

VISIT THE LINK TO PAY ONLINE: https://shifahholistichealthcare.com/enroll

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