Parent's Wellness Plan (PWP)
REGISTRATION FORM

Photo of Parent
(Passport Size Photo)

Photo of Parent
(Passport Size Photo)

PLEASE FILL IN WITH THE BLOCK LETTERS OR PRINT CLEARLY

I/ we hereby express my / our willingness to endorse my / our parent's participation in the PWP to be managed by **Norvic International Hospital.**

1. MY / OUR PARENT'S DETAILS

A. Name ☐☐☐☐☐☐☐☐☐☐☐☐ (First) ☐☐☐☐☐☐☐☐ (Middle) ☐☐☐☐☐☐☐☐ (Surname)

Sex ☐ Male ☐ Female DOB ☐☐ (dd) ☐☐ (mm) ☐☐ (yy) DOM ☐☐ (dd) ☐☐ (mm) ☐☐ (yy)

B. Name ☐☐☐☐☐☐☐☐☐☐☐☐ (First) ☐☐☐☐☐☐☐☐ (Middle) ☐☐☐☐☐☐☐☐ (Surname)

Sex ☐ Male ☐ Female DOB ☐☐ (dd) ☐☐ (mm) ☐☐ (yy)

RESIDENTIAL ADDRESS OF MY / OUR PARENT

District ..... Block No .....

Ward No ..... Phone No (Res) .....

Street ..... Fax .....

Municipality / VDC ..... Mobile No .....

Tole ..... Email .....

2. MY / OUR CORRESPONDING ADDRESS ABROAD

I. Name ☐☐☐☐☐☐☐☐☐☐☐☐ (First) ☐☐☐☐☐☐☐☐ (Middle) ☐☐☐☐☐☐☐☐ (Surname)

Street ..... Phone No (Res) .....

Zip Code ..... Phone No (Off) .....

Appartment No ..... Mobile .....

State ..... Fax .....

Country ..... Email .....

II. Name ☐☐☐☐☐☐☐☐☐☐☐☐ (First) ☐☐☐☐☐☐☐☐ (Middle) ☐☐☐☐☐☐☐☐ (Surname)

Street ..... Phone No (Res) .....

Zip Code ..... Phone No (Off) .....

Appartment No ..... Mobile .....

State ..... Fax .....

Country ..... Email .....

☐ Please contact and update me/us about my/our parent's health status on monthly basis or upon hospitalization.

☐ Send us the copy of medical report online along with billing details.

☐ Payments will be made through moneygram/TT in your favour payable in Kathmandu.

Thanking you.

(Signature/s)

Please send this information to this email address pwp@norvic.wlink.com.np

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