

SUNEETHI'S CAREGIVERS

Registration form to be filled by the customer.

Name of the Customer: _____

Name of patient: _____

Age: _____ Sex _____ Weight _____

Medical Condition of Patient _____

Address: _____

Ph No _____ Mob _____

Option of Service (Daily Basis)

1. Caretaker _____ Rs700/- , Rs800/-, Rs 900/-
2. Nurses _____ Rs1000/-
3. Cooking _____ Rs 100/-
4. Cooking and Cleaning Rs 200/-

Name/ Emergency Contact numbers/Relation of Customer

1. _____

2. _____