

**Community Health Centre  
Pre-Registration Form  
For AKU-IED students**

File No. \_\_\_\_\_  
(Leave blank)

M.R. # \_\_\_\_\_  
(Leave blank)

Name \_\_\_\_\_  
Last Name First Name Middle Name or Initial

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Residence Phone # \_\_\_\_\_ Office Phone # \_\_\_\_\_

Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_

Person to Notify \_\_\_\_\_  
(In case of an emergency)

Address \_\_\_\_\_  
\_\_\_\_\_

Residence Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Relationship with student \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Residence Phone # \_\_\_\_\_ Office Phone # \_\_\_\_\_