INSTITUTE OF REPRESENTATIVE MEDICAL ADVISER

Directed by N.C.T. Group Regd. By Govt. of West Bengal.

Basirhat, North 24 Parganas, West Bengal, Pin: 743411.

COURSE: RMP, CCH, CMS ED, DEMS, BEMS, DIAMS, DAMS, DUMS, DHMS, DNYS.

PHOTO

ADMISSION FORM

To the

Principal,

I request you kindly Admission Session :.....Course :.....Roll.....
under these council particulars of the student is given below.

Name of the student block letter : .....

Son./ Daughter./ Wife/ of : .....

Mother's Name: .....

Permanent address village / ward : .....

P.O: .....P.S. .....DIST: .....

Pin.....State : ..... Date of Birth .....
Age :.....Sex :.....Cast :.....Religion : .....
Aadhaar card no:.....Nationality: .....
Educational qualification :.....Mobile no: .....
Whatsapp no :.....F./M./ Emergency contact no: .....
Blood Group :..... Present address:.....
.....E-mail Address : .....

Student should follow the rules and regulation of the College and council.

Signature of Candidate Principal

x.....x.....x.....x.....x.....x.....x.....x.....x.

For Office Used Only

Name: ..... Roll: ..... Session:
..... at allowed to the seat for Admission to ..... Course.

Authority signatory

Photo