

# CENTRAL COUNCIL OF BIO-CHEMIC & COMPLEX HOMOEOPATHY MEDICINE WITH RESEARCH IN INDIA.

146, Raja Rammohan Roy Sarani, Kolkata. 700009. West Bengal



## Student Registration Application Form

PHOTO

To

the Registrar,

Sir / Mam,

I request you kindly register as a student of : **R.M.P. / D.M.B.S. / B.M.B.S. /**

**M.D.(Bio), M.D. (Com).** Course: .....year of.....

under these council particulars of the student is given below.

College name: .....

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

S./ D./ W. of :.....

Mother name :.....

Permanent address village / ward :.....

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

DIST:.....Pin:.....

State :.....Age:.....Sex:.....Date of Birth.....

Religion..... Aadhaar card no :.....

Nationality :.....Educational qualification :.....

Blood Group :.....Cast :.....

Present address:.....

Student should follow the rules and regulation of the council.

Date : .....

Signature of Candidate

Principal In-charge