

HEAD OFFICE COPY

For Office Use:

MPD No.....

Date:...../...../.....

Registration Form**Indian Rural Medical Association**

226 B.B Ganguly Street Kolkata -700012

Center No-569**Session – July-2021**

Must fill In BLOCK LETTERS

V.N.M

FORM-FPASPORT
PHOTO

1. Name of the candidate.....
2. Father's/husband's Name.....
3. **Correspondence address**.....
Village.....Post Office.....Via.....
District.....State.....PIN Code.....
4. **Permanent address**.....
Village.....Post Office.....Via.....
District.....State.....PIN Code.....
5. Sex(Male/Female)..... 6. Date of Birth.....
7. Special mark of identification.....
8. Specimen signature.....
9. **Academic Qualification(Last Passed) :** (a)Examination.....
(b)Board/University..... (c)Year of Passing.....

Signature of Centre Organiser
With office Seal

Date...../...../.....

Signature of the Candidate

ORGANISERS' COPY

For Office Use:

MPD No.....

Date:...../...../.....

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226 B.B Ganguly Street Kolkata -700012

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With office Seal

Date...../...../.....

Signature of the Candidate