

RANINAGAR COMMUNITY MEDICAL ASSOCIATION (RCMA)



*A Public Charitable and Welfare trust.
(Govt. Reg. Deed No.-IV-1201-000342019)
Centre code-569*



C.M.S.&.E.D.T

*Affix
Passport
Size Photo*

Session-JULY:2023

Must fill in BLOCK LETTERS

1. Name of the Candidate :
2. Father's /Husband's Name :
3. Postal Address :
- Vill..... P.O.....
- Block..... PIN.....
- Dist..... State.....
4. Sex :
5. Blood Group :
6. Date of birth :

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7. Academic Qualification :
8. Occupation :
9. Nationality : Religion.....
10. Academic records details : (Attach certificate photo copy)

EXAME PASSED	NAME OF BOARD/ COUNCIL/UNIVERSITY/ANY OTHER	MARKS OBTAIN	YEAR OF PASSING
10TH			
12TH			
Last Qualification			

11. Personal Contact number :

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I hereby declare that the above statement is true to the best of my knowledge and belief. I have read the prospectus and understood the rules and regulations of the organization regarding the C.M.S. & E.D. courses and I will follow the same rules & regulations and others as and when changed by the organization.

Yours faithfully

Date :

Place :

_____ *Full signature of Candidate*