

ESSENTIAL DRUGS TRAINING FOR PRIMARY HEALTH CARE (W.H.O.)

INDIAN RURAL MEDICAL ASSOCIATION

226, B.B. GANGULY STREET, KOLKATA-7000012



Centre No.-569

(Must fill in Block Letters)

M.P.D. No.

1							
Session : JANUARY-2023							

Passport
Size Photo

1. Name of the Candidate :

2. Father's /Husband's Name :

3. Correspondence address :

Village.....Post Office.....

Block.....P.S.....

PIN.....Dist.....

State.....

4. Permanent address :

Village.....Post Office.....

Block.....P.S.....

PIN.....Dist.....

State.....

5. Sex : (Male/Female)

6. Blood Group :

7. Date of birth :

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8. Academic Qualification :

(a) Examination (b) Board / University.....

(c) Year of Passing..... (d) Percentage

10. Contact Number :

*Attach the copy of your C.M.S. ID Card.

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.

Signature of the Centre Organiser

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

Signature of the Candidate