



Central Board of Community Medical Sciences

An autonomous organization of health education,
Under the aegis of A.B.E.T. Regd. By Govt. of India

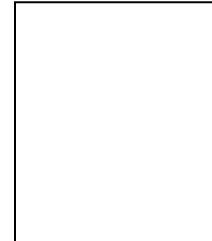
C-1/1, 3rd Floor, Dilshad Colony, Delhi 110095, Mobile:- 7289023259 Email:- cmseddelhi@gmail.com

Enrollment/Examination Form

CMSED/P.G.D.P./D.M.L.T./D.P.T./C.C.H./C.G.O./C.S.D./D.D.H.T./C.M.A.S.K./B.E.H.M./M.D.AM/H

(Distance Education Course's)

Session..... Enrollment No..... Roll No.....



1	Name (in block letters)													
2	Father's Name (in block letters)													
3	Mother's Name (in block letters)													
4	Postal Address	Moh.					Village							
Post Office							Distt.							
Pin Code			State											
5	Date of Birth					Nationality								
Mobile No.														
6	Name of Institute													
7	Attach Qualification's Details & Enclose: Attested Copies													
Name of Exam	Name of Board			Roll No.		Year		Subject		Total				
High School														
Intermediate														

8. I declare that the above mentioned details are totally correct in any knowledge. Please allow me to appear examination.

Date:.....

Signature of Student

9. Recommendation of Principal:

Name of student..... Father/Husband's Name.....
bears good moral character.

The examination has completed all the practical and theoretical training which is necessary for Courses.

Name..... So he/she may be allowed to appear in annual Examination.
Exam Fee Rs..... has been received by this office which is enclosed as Cash/Bank DD.No. & Transfer..... Detailed.....

Date.....

Signature of Center Head

Institution Seal

Note: Incomplete Form will be rejected without any notice.

