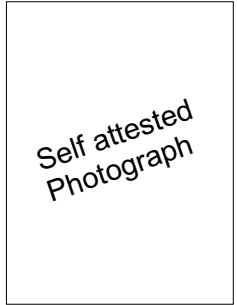


INDIAN RURAL MEDICAL ASSOCIATION  
E 142, Ground Floor Gali No 3, Om Vihar Extn. Uttam Nagar, West Delhi, 110059

For office Use:  
Reg No.....  
Date-

Registration Form  
Center No.          Session .....



MUST FILL IN BLOCK LETTERS

Name of Candidate:

Father's Name :

Mother's Name :

Corresponding Address :		Permanent Address :	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
City	District	City	District
State	PIN Code	State	PIN Code

Date of Birth : 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Gender :

Category : GEN/SC/ST/OBC

Nationality :

Educational Qualifications :

Examination	Year	Board/University	% of Marks	Subjects
High School				
Intermediate				
Other				

Mobile No.:

Email - id :

DECLARATION BY APPLICANT

I.....S/D of .....here declares that i have read the institute prospectus thoroughly and have understood the conditions of eligibility for the program for which i seek admission. I fulfill the minimum eligibility eritrea and i have provided necessary information this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to be cancelled by the institute at any time.

Signature of Centre Head

Date.....

Signature of candidate

For office Use:  
Reg No.....  
Date-

Name of Candidate:

Father's Name :

Session .....

.....

TO WHOM IT MAY CONCERN:

Dated.....

**Re: CMSED Training Institute, New Delhi**

I have read and understood the Rules, Regulation and Directives of CMSED Training Institute, and I promise to obey and abide by all of them at the time of training and after completion of the training i.e. at the time of offering service to the people.

I further declare the following:

1. That I know well that the Course for which I have enrolled myself is a Certificate Course of primary health worker under the guideline of WHO.
2. That I know, believe and promise that I will not claim for any appointment or job after completion of the Course/Training as I know well, that the Course is completely for a health worker for making people health aware and help to maintain primary health care programme of the country.
3. That I promise not to introduce and call myself a Doctor and/or put the sign or word to denote Dr.(Doctor) before my name to misguide people. If I do so for my any such wrongful act IRMA and/or other authority involved in this training will not be liable at all in any manner.
4. That I promise to pay the admission fee, tuition fee and examination fee etc prevailing or as modified from time to time as course/training fee payable by me as prescribed by IRMA/local committee.
5. That I also declare that if any problem/dispute arises in connection with this training will be solved at the centre/ organizer level. The Organizer / Centre will be the highest authority for solving any sort of disputes and I agree to obey and abide by the decision and rulings of the Centre of IRMA as final.
6. Finally- I solemnly declare that I will not misuse any way the motto of the training and in any manner at the time of dealing, counseling and providing primary health care to the people.
7. I will renew my REG number at specified interval of time abiding the rules of the organisation so long I will offer services after passing, and my failure to renew the REG No. In time may make my name to be removed from the central register.
8. I have read the prospectus and understood the rules and regulation of the organisation regarding the CMS & ED courses and I will follow the same rules & regulation and others as and when changed by the organization.

I remain, yours faithfully

Signature of the Student.

REG No.

Center No.

**Attach Document**

1. High School (10th)
2. Intermediate (10+2)
3. Aadhar Card
4. Passport Size Photos (6 Copy)
5. Min 2 Years Experience certificate