## HEAD OFFICE COPY

## Registration Form

	registration rollin		
For Office Use:	Indian Rural Medical Association		
MPD No	226 B.B.Ganguly Street, Kolkata - 700012.		Photograp
Date: / /	Center No.		
	Must fill in BLOCK LETTERS		
Name of the Candidate			
Father's / Husband's N	ame		
. Correspondance addre	ame		
Village	.55		
District	Post Office	Via	
Pormonant address	State	PINC	Code
. Fernanent aburess			
vinage	Post Office	Via	
District	State	PINC	ode
Sex (Male/Female)	6. Date of Birth	••••••	
Academic Qualification	on (Last Passed)		
a. Examination			
b. Board/University	c. Year c		
Signature of Common			
Signature of Centre Orga with Office Seal	Date		
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Signature of Centre Organith Office Seal with Office Seal ORGANISER'S COF For Head Office Use: MPD No. Date: / / Name of the Candidate Father's/Husband's Name	Registration Form  Indian Rural Medical Association 226 B.B.Ganguly Street, Kolkata - 700012.  Center No.  Must fill in BLOCK LETTERS	Signal	Photograph
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Signature of Centre Organizer with Office Seal

Date .....

Signature of the Candidate

## LATTER OF UNDERTAKING

그 씨와 보다 나는 이렇게 들어 먹는데 그는 말이 들어 먹었다. 이 사람들은 이 사람들은 그 사람들은 그 사람들은 그 사람들이 되었다.	. 11/1
TO WHOM IT MAY CONCERN: Dated	
Re: CMS-ED/Training of IRMA, Kolkata	
I Have read and understood the Rules, Regulation and Directives of Indian Rural Medical Association (IRMA) a promise to obey and abided by all of them at the time of training and after completion of the training i.e. at the time offering service to the people.	nd I ie of
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 wounder the guideline of WHO.	rker
2. That I know believe and promise that I will not claim for any appointment or job after completion of Course/Training as I know well, that the Course is completely for a health worker for making people health as 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) be my name to misguide people. If I do so for my any such wrongful act IRMA and/or other authority involve 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 as course/training fee payable by me as prescribed by IRMA/local committee.	e to
5. That I also declare that if any problem/dispute arises in connection with this training will be solved at the cer organizer level. The Organizer / Centre will be the highest authority for solving any sort of disputes and I agree obey and abide by the decision and rulings of the Centre of IRMA as final.	
<ol><li>Finally. I solemnly declare that I will not misuse any way the motto of the training and in any manner at the to dealing, counseling and providing primary health care to the people.</li></ol>	
7. I will renew my MPD number at specified interval of time abiding the rules of the organization so long I will of services after passing, and my failure to renew the MPD No. in time may make my name to be removed from central register.	
3. I have read the prospectus and understood the rules and regulation of the organization regarding the CMS & courses and I will follow the same rules & regulation and others as and when changed by the organization.	ED
We remain, your faithfully	
Signature of the Student .	
MPD No	
그 보통이 보면 그는 그는 사람들이 지면 가는 그는 그는 그들이 이 그래까지 때문을 하다고 있다. 그는 그는 그를 가장이 그렇게 되었다고 했다. 그는 그를 가장하는 것으로 살아보다 그를 다 살아 다른 그를 다 되었다고 있다.	

Center No.