

HEAD OFFICE COPY

Registration Form

For Office Use:
MPD No.
Date: / /

Indian Rural Medical Association
226 B.B.Ganguly Street, Kolkata - 700012.

Photograph

Center No.

Must fill in BLOCK LETTERS

- Name of the Candidate
- Father's / Husband's Name
- Correspondance address
 Village Post Office Via
 District State PIN Code
- Permanent address
 Village Post Office Via
 District State PIN Code
- Sex (Male/Female)
- Date of Birth
- Academic Qualification (Last Passed)
 - Examination
 - Board / University
 - Year of Passing

Signature of Centre Organizer
with Office Seal

Date

Signature of the Candidate

ORGANISER'S COPY

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LATTER OF UNDERTAKING

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) 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 MPD number at specified interval of time abiding the rules of the organization so long I will offer services after passing, and my failure to renew the MPD 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 organization regarding the CMS & ED courses and I will follow the same rules & regulation and others as and when changed by the organization.

We remain, your faithfully

Signature of the Student .

MPD No. -----

Center No. -----