

Form No.....

Date.....

DR. B.C. ROY MEMORIAL COMPLEMENTARY MEDICINES RESEARCH CENTRE**Registration No. S/76111**

Affiliated By : THE OPEN INTERNATIONAL UNIVERSITY FOR COMPLEMENTARY MEDICINES

(MEDICINA ALTERNATIVA) ALMA ATA

CE/17, Jyangra, Kolkata-700059

Website : www.bmcrc.in



PHOTO

APPLICATION FOR ADMISSION

1. Name in Full Mr./Miss/Mrs.Dr. :
- (In Block Letter)
2. Father's/Husband's Name :
3. Permanent Address :
-
- PIN
- Mobile No.
4. Correspondence Address :
-
- PIN
- Whatsapp No.
5. Date of Birth :
6. (a) Sex (b) Nationality
7. Identification Marks : (a) _____
7. Identification Marks : (b) _____
8. Name of the course in which seeking Admission : _____
9. Educational Qualification : _____

Academic Examination	Year	Division	Name of Board/University
a) _____	_____	_____	a) _____
b) _____	_____	_____	b) _____
c) _____	_____	_____	c) _____

10. Extra Qualification (if any) : _____

I have carefully studied the rules and regulations of B.M.C.R.C. and accept them as binding on me. I also solemnly declare that the particulars given above are true to the best of my knowledge and behalf.

Signature of Father/Guardian & Date

Signature of Candidate & Date

FOR OFFICIAL USE ONLY

1. Date of Receipt of Application
2. (a) Course (b) Studentship No.....
3. Date of Issue

DIRECTOR OF STUDIES
B.M.C.R.C., KOLKATA