



DR. B.C. ROY MEMORIAL COMPLEMENTARY MEDICINES RESEARCH CENTRE

CE/17, JYANAGRA, KOLKATA-700 059

REGISTERED WITH GOVT. OF WEST BENGAL

Registration No. S/76111

Website : www.bmcrc.in

Affiliated By : THE OPEN INTERNATIONAL UNIVERSITY FOR COMPLEMENTARY MEDICINES

EXAMINATION FORM

N.B. ALL FILLED UP THE FORM IN CAPITAL LETTERS

1. Name :
2. S/O., D/O., W/O., :
3. Address :
- Contact No. :
4. (a) Sex : Male ☐ Female ☐
- (b) Nationality :
5. Date of Birth :
6. Serial No. : Student is Regn. No.
7. Course of Examination _____ Session _____ Year _____

SUBJECT :

- | | |
|-----------|-----------|
| (A) _____ | (B) _____ |
| (C) _____ | (D) _____ |
| (E) _____ | (F) _____ |

I Solemnly declare that the particulars given above are true to the best of my knowledge and belief.

Date

Signature of Examinee

FOR OFFICE USE ONLY

1. Date of Examination _____
2. Index No. _____ Roll No. _____ No. _____
3. Students Regn. No. _____ Marksheet No. _____
4. Course _____ Session _____
5. Result _____ Regn. No. _____

Date

CONTROLLER OF EXAMINATION
B.M.C.R.C, Kolkata