



AN ISO 9001 : 2015 CERTIFIED
Govt. Of India Reg. No.CIN U85306PN2023NPL221410

INDIAN BOARD FOR MEDICAL RESEARCH

An Autonomus Education Board Licence Under Section 8 (1)

(Recognised by Govt. of India)
Reg.No.QMS/23-M/011428(i)MH-26-0458995/M

T-PNEA45012C | P-AAYCA8769R

ADMISSION FORM

(TO BE FILL BY THE CANDIDATE)

ENROLLMENT NO.

PRN NO.

REGD. NO.

INSTITUTE STAMP HERE

PASTE YOUR
RECENT PASSPORT
PHOTOGRAPH

Name of Course : _____
Course Duration : _____
Batch Year : _____ To _____
Name of Candidate : _____
Date of Birth : _____ Blood Group : _____
Cast & religion : _____ Phone/Mobile No _____
Address : _____

Educational Qualification : _____

Required Document

- | | |
|--|---|
| <input type="checkbox"/> A) PASSPORT SIZE PHOTO | <input type="checkbox"/> B) SSC/HSC MARKSHEET |
| <input type="checkbox"/> C) TC/LC CERTIFICATE COPY | <input type="checkbox"/> D) ADHAR CARD COPY |
| <input type="checkbox"/> E) NON CRIMINAL CERTIFICATE | <input type="checkbox"/> F) ANNUAL INCOME C. |
| <input type="checkbox"/> G) CASTE CERTIFICATE | <input type="checkbox"/> H) EXPERIENCE LETTER |

I _____ A/P _____

Tal. _____ Dist. _____ Agree That Will abide with All the Rules
And Regulation of IBMR. I Am Aware of the Fact the Fees once paid will not be refunded
or transferred. I Also Know That the Certificate will be enrolled for self employment.

Date :

Centre Code :

Director
(IBMR)

Student Sign