



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.

INSTITUTE STAMP HERE

REGD. NO.

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 wil not be refunded or transferred. I Also Know That the Certificate will be enrolled for self employment.

Date :

Centre Code :

Director
(IBMR)

Student Sign