



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

# CLINIC REGISTRATION

(TO BE FILL BY THE CANDIDATE)

PRN NO.

REG. NO.

Name of Course : \_\_\_\_\_

Course Duration : \_\_\_\_\_

Batch Year : \_\_\_\_\_ To \_\_\_\_\_

Name of Institute : \_\_\_\_\_

Institute Address : \_\_\_\_\_

Centre Code :

Student Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Experience Hospital Name : \_\_\_\_\_

Experience Period (with dates):  To

Students Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Municipal Corporation or Rular Corporation Name And Pincode :