



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 :