BURDWAN RURAL MEDICAL TRAINING & TREATMENT CENTRE

AFFILIATED TO : The West Bengal University of Health Sciences
National Council of Vocational & Research Training (NCVRT)
National Institute of Open Schooling (NIOS)
4 No Parcus Road, Chandnighat Burdwan-713101, Mob. : 7602883359
Admission Form For : Bachelor Degree, Diploma & Certificate Course
Information Center : Asansol (M) 9434834448, Bolpur : 7063798196
Memari (M) : 7501335004, E-mail : brmttc@gmail.com

Photo

No. 37

COMMON ADMISSION FORM

1. Name of the Candidate Mr. /Miss / Mrs (in Block Letter)

2. Mother's Name

3. Father's / Husband's Name

4. Date of Birth | 5. Caste | Gender | Blood Gr. | Nationality

6. Educational Qualification **(Academic Examps.)**

7. Know your Customer (Submission ✓ tic Mark)

KYC	AADHAAR	VOTER	PAN	DRIV. LICENCE	PASSPORT	APL	BPL

8. Experience in Medical if any | 9. **Name of the course for Admission** | 10. Course code

11. Permanent Address : Post, PS., Dist / Details of NRI, 12. Full Course Name

City | State | PIN Code | e-mail

Mobile/Whatsaap | Personal | Father | Mother or Husband

13. Correspondence Address : Post, *P.S.*, Dist /Details of NRI

14. Candidate Occupation | 15. Educational Qualification from (Institute/Board/Council/Univesity)

16. Guardian Occupation | 17. Total Family Member; Male | Female

18. Pay from : Phonepe/Paytm/Googlepay/RTGS / NEFT No.

Date | Bank Name

19. Name of source person & paying said Fees

Date: _____ Sign. of Guardian Sign. of Candidate

No. 37

For Office Use Only

Centre CR No. _____ Admitted to _____ Trade _____

Remittance Particulars Rs. _____ Due Balance _____

Trade Code No. _____ Students Registration No. _____ Studentship No. _____

Date of Admission _____ Session _____ Course Duration _____

Sign. of the Administrator Sign. of office in charge Sign. of the Checked & Verified