



**Central Board of Community Medical Sciences**  
An autonomous organization of health education,  
Under the aegis of A.B.E.T. Regd. By Govt. of India

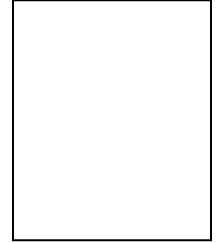
C-1/1, 3<sup>rd</sup> Floor, Dilshad Colony, Delhi 110095, Mobile:- 7289023259 Email:- [cmseddelhi@gmail.com](mailto:cmseddelhi@gmail.com)

**Enrollment/Examination Form**

CMSED/P.G.D.P./D.M.L.T./D.P.T./C.C.H./C.G.O./C.S.D./D.D.H.T./C.M.A.S.K./B.E.H.M./M.D.AM/H

(Distance Education Course's)

Session..... Enrollment No..... Roll No.....



1	Name (in block letters)																			
2	Father's Name (in block letters)																			
3	Mother's Name (in block letters)																			
4	Postal Address	Moh.																		Village
	Post Office																			Distt.
	Pin Code																			State
5	Date of Birth																			Nationality
	Mobile No.																			
6	Name of Institute																			
7	Attach Qualification's Details & Enclose: Attested Copies																			
	Name of Exam	Name of Board	Roll No.	Year	Subject	Total														
	High School																			
	Intermediate																			

8. I declare that the above mentioned details are totally correct in any knowledge. Please allow me to appear examination.

Date:.....

Signature of Student

9. Recommendation of Principal:

Name of student.....Father/Husband's Name.....  
bears good moral character.

The examination has completed all the practical and theoretical training which is necessary for Courses.

Name..... So he/she may be allowed to appear in annual Examination.

Exam Fee Rs..... has been received by this office which is enclosed as Cash/Bank DD.No. & Transfer..... Detailed.....

Date:.....

Signature of Center Head

**Institution Seal**

Note: Incomplete Form will be rejected without any notice.

