



Community Medical Services & Training Institute

CMSTI, Dulhapur Patti Jat, Po.- Tanda Afjale, Distt. - Moradabad - 244602 (U.P.), INDIA.
E-mail : info.cmsti@gmail.com

APPLICATION FORM

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To,

The Director,
Community Medical Services & Training Institute
Moradabad.

I request that I may be enrolled as a student of the Community Medical Services & Training Institute, Moradabad. I am giving below my particulars.

1. Name of Programme / Course : _____
2. Name in Full (In BLOCK LETTER): _____
3. Father's Name : _____
4. Mother's Name : _____
5. Permanent Postal Address (In Full) : _____

6. Name of Last Qualification (As per Eligibility Rules) : _____
7. Gender : _____
8. Date of Birth : _____
9. Nationality : _____
10. Marital Status : _____
11. Category : General / SC / ST / OBC / other : _____
12. Centre Name : _____

Enclosures :-

Photocopy of Mark Sheet duly attested by Gazetted Officer and Programme Co-ordinator.

1. Mark Sheet of last Qualifying exam passed for verification of Minimum Eligibility.
2. High School Certificate (10th Level) or mark sheet for date of birth verification.

DECLARATION :

I hereby declared that all information given by this institution is true and correct to the best of my knowldge and nothing have concealed from it.

i know well that community medical services and training institute is an autonomous institution and functioning without taking any grant from govt .

Community Medical Services and Training Institute Managed by Council of Information Technology Development (CITD) Regd by Govt of UP Under IR Act 32 A of 1908 on Dated 4th july 2009 and registration number is 0329 & Running Primary Health Care Courses & Alternative medicine courses through CMSTI under Article 14,15,19(1),21,26,29,30,45,46 & 351 of The Constitution of India .

Community Medical Services and Training Institute (CMSTI) never Given guaranteed for Validity of Jobs as further education on completion of Concern Courses .

All dispute will be settled at Moradabad Jurisdiction only .

I have read and understood the rules and regulation of The Community Medical services and Training Institute and shall abide by them .

Place.

Date-

Signature of the Applicant