



Community Medical Services & Training Institute (CMSTI)

A Training Division of

COUNCIL OF COMMUNITY MEDICAL SERVICES INDIA

Opp. Ram Kishor Convent Inter College, Abhishekpuram, Jankipuram Extension,
Lucknow - 226021. (U.P.) INDIA | Website : www.cmstiup.com



Sr. No.

Centre Name
& Code

APPLICATION FORM

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To,

The Director,
Community Medical Services & Training Institute
Lucknow.

I request that I may be enrolled as a student of the Community Medical Services & Training Institute, Lucknow. 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. Course Fees : _____
7. Name of Last Qualification (As per Eligibility Rules) : _____
8. Gender : _____ 8. Date of Birth _____
9. Nationality : _____ 10. Marital Status : _____
10. Category : General / SC / ST / OBC / other : _____
11. Contact No : _____ Email : _____

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 knowledge 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, Conducted by - Council of Community Medical Services India, Lucknow. Regd by Govt of UP. Constituted Under the IR Act-1908. Running Primary Health Care Cours 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 Lucknow 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

TO WHOM IT MAY CONCERN

Re: CMS-ED/Training of Community Medical Services and Training Institute ,Lucknow Training Division of Council of Community Medical services India, Lucknow

I have read and understand the rules, regulation and directives of Community Medical services and Training Institute (CMSTI) & I promise to obey and abide by all of them at the time of training and after completion of the training /Course i.e. at the time of offering service to the people .

I further declare the following :

- 1- That i know well that the course which i have enrolled myself is a certificate course of primary health worker under the guideline of WHO.
- 2- That I know ,Belive and promise that i will not claim for any appointment or job after completion of the course /Training as I know well, that the course is completely for a health care programme of the country .
- 3- That I Promise not to introduce and call myself a Doctor and /Or put the sign or word to denote DR.(Doctor)before my name to misguide people, If I Do so for my any such wrongful act CMSTI and /or other authority involved in this training will not be liable at all in any manner .
- 4- That I promise to pay the admission fee, Tuition fee and examination fee etc prevailing or as modified from time to time as course /Training fee payable by me as prescribed by CMSTI/CMSTI Branch.
- 5- That I also declare that if any problem /dispute arises in connection with this training will be solved at the Institute/Branch level. The Institute /Centre will be the highest authority for solving any sort of disputes and I agree to obey and abide by the decision and rulings of the centre of CMSTI as Final.
- 6- Finally-I solemnly declare that i will not misuse any way the motto of the training and in any manner at the time of dealing, Counselling and providing primary health care to the people.
- 7- I will renew my MPD number at specified interval of time abiding the rules of the organization so long I will offer services after passing ,and my failure to renew the MPD NO.In time may make my name to be removed from the central register .
- 8- I have read the prospectus and understood the rules and regulation of the organization regarding the CMS & ED Course.
- 9- I will follow the same rules & regulation and others as and when changed by the organization.

I remain ,Yours Faithfully.

Signature of the Student

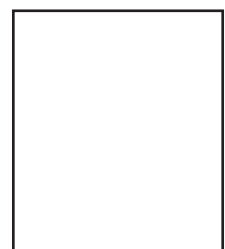
Cancellation of Admission & Refund Policy :

Fee once Paid not refundable or adjustable under any circumstances in future .

Your admission will be cancelled :

- a) if the admission form is incomplete
- b) if the fee paid is short
- c) if the supporting documents are not complete
- d) if false documents have been submitted
- e) if required educational qualification are not fulfilled
- f) if incorrect wrong information is given

I have read and understood the rules and regulation



Date :

Place

Signature of the Student