

APPLICATION FORM



C.C.B.R.I

Central Council Of Biochemic & Complex Medicine
With Research In India

146,RAJA RAMMOHON ROY SARANI.KOLKATA-700009.WEST BENGAL

Sub:-Application for Identity Card and Enrolment In The Website Of The Council

REGISTRATION NO :-

REGISTRATION ISSUE DATE :-

All doctor's must have life registration



C.C.B.R.I

Space for
Photograph

COURSE/TICK

D.M.B.S	<input type="checkbox"/>	B.M.B.S	<input type="checkbox"/>	M.D (Biochemic System)	<input type="checkbox"/>	M.D (Complex System)	<input type="checkbox"/>
D.M.B (Certificate Course)	<input type="checkbox"/>	R.M.P	<input type="checkbox"/>				

PERSONAL DETAILS (Please read carefully & fill the application form in CAPITAL letters)

MALE FEMALE

DATE OF BIRTH

Day	Month	Year

NAME OF THE DOCTOR

FATHER/HUSBAND NAME

AADHAR NO

CORRESPONDENCE ADDRESS

PERMANENT ADDRESS

MOB W/A NATIONALITY

E-MAIL ADDRESS

Enco:-

- 1.Xerox copy of medical certificate
- 2.Xerox copy of aadhar/voter card
- 3.Passport size photo (2copy)
- 4.Xerox copy of registration
5. Xerox copy of bank deposit slip
- 6.Blood group certificate

BANK DETAILS

State Bank of India
 A/C NO:-11323859759
 IFSC CODE:-S.B.I.N0000058
 Central Council Of Biochemic

DEPOSITER A/C NO:.....
 AMOUNT:1000/-.....
 DATE:
 BANK NAME:.....

Date:-

Signature:-