

SL.NO.....

APPLICATION FORM

INDIAN BOARD OF MEDICAL EDUCATION

PATNA



BIHAR

PASTE
PHOTO

To,

The Registrar,

Sir,

Most Respectfully, I beg to State that, I want to get registration as a
..... of the Board, In connection with the Registration.
I Submit the following Particulars.

1. Name of Candidate (In block letters)
2. Father's/Husband's Name
3. Date of Birth.....
4. Sex
5. Registration for the Course
6. Extra Qualification
7. Experience about the Course
8. Permanent Address (in block letters)
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9. Present Address (in block letters)
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The Above statement made by me is correct.

.....
(Full Signature of the Applicant)

Date

Note :-

1. The applicant must fill the Form in his/her own handwriting.
2. Three Passport size photographs along with zerox copy of requisite Qualification Certificates of candidate must be accompanied with the application form.

Office:- Ashok Rajpath, Patna