

# REGISTRATION FORM FOR SHORT TERM STUDENTSHIP (STS) - 2011

INDIAN COUNCIL OF MEDICAL RESEARCH

Note: *Before filling up this form, please read carefully the detailed instructions for STS 2011*

(\*) ==> Mandatory Fields

## LOGIN DETAILS

Student Email (This will be the  
LOGIN ID for future submission)\*

## STUDENT DETAILS

Full Name in Block Letters\*

Sex\*

Male  Female

Date of Birth\*

(dd/mm/yyyy)

Class\*

Course

MBBS

BDS

Year

I Prof

II Prof

III Prof

Date of joining MBBS/BDS Course\*

(dd/mm/yyyy)

Mobile

Telephone

Residence

STD Code

Tel Ph

College

STD Code

Tel Ph

If,Extn

Name of the College \*

College Address \*

State (College Belongs to)\*

City \*

Pin Code \*

Address for correspondence \*

College  Home

College/Home Address \*

State\*

City\*

Pin\*

Submit