



ICMR

भारतीय आयुर्विज्ञान अनुसंधान परिषद
Indian Council of Medical Research



REGISTRATION FORM FOR SHORT TERM STUDENTSHIP (STS) 2012
PART-A

Note:- Before filling up this form, please read carefully the detailed instructions for STS 2012
(*==> MANDATORY FIELDS)

LOGIN DETAILS

Student Email * <small>(This will be the LOGIN ID for future use)</small>	<input type="text"/>
Mobile * <small>(This will be used for future correspondence)</small>	<input type="text"/>

STUDENT COURSE DETAILS

Full Name *	Prefix	First Name	Middle Name	Last Name
	-Select-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class *	Course	Year		
	<input type="radio"/> MBBS <input type="radio"/> BDS	<input type="radio"/> I Prof <input type="radio"/> II Prof <input type="radio"/> III Prof <input type="radio"/> Other	<input type="text"/>	
Date of joining MBBS/BDS Course *	Day	Month	Year	
Nationality	Indian			
State (College Belongs to) *	- Select -			
Name of the College *	<input type="text"/>			
Address Line 1 *	<input type="text"/>			
Address Line 2	<input type="text"/>			
City *	<input type="text"/>			
Pin Code *	<input type="text"/>			
College Telephone No.	STD Code	Tel Ph	If,Extn	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

STUDENT PERSONAL DETAILS

Gender *	<input type="radio"/> Male <input type="radio"/> Female
Date of Birth *	Day Month Year
State (Home Belongs to) *	- Select -
Home Address Line1 *	<input type="text"/>
Home Address Line2	<input type="text"/>
City *	<input type="text"/>
Pin Code *	<input type="text"/>
Alternate Mobile	<input type="text"/>
Residence Telephone	STD Code Tel Ph
	<input type="text"/> <input type="text"/>
Where would you want correspondence to be sent to *	<input type="radio"/> College <input type="radio"/> Home

Submit

Reset