

PRIMARY PRACTITIONERS & MEDICAL ASSISTANT ASSOCIATION

(A Unit of KEW Organization Regd. Under S.R. Act Govt. of M.P.)

ADMISSION CUM REGISTRATION FORM

No						S	Sessio	n				Size Photo	i
1 Students Nai छात्र का नाम	me (in Block	Letters)											
2 Fathers Nam	e												
पिता का नाम													
Mothers Nar	ne												
माता का नाम													
स्थाई पता (पः	वाचार क लिय)												
Teh		District _				S	tate				Pin		
9 Cast: SC		OBC G	Genreal ि	Otl Englisl	her _								
11 Nationality				Rel	igion								
12 Previous E	ducation Qua	alification Infor	mation										
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13 Declaration	18												
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14. Enclosed Documents	
A - Voter Id Card / Aadhar Card Xerox Copy	
B - Academic Qualification Xerox Copy	
C - Other Education Qualification Xerox Copy	
D - Passport Size Photos 4 Nos	
E - Affidavit / Shapath Patra Copy	
15. Referral Center Name	Seal & Signature Of The Training & Referral C
13. Referrar Center Name	
	Seal Signature
OFFICE US	SEONLY
Reg. No	SE ONLY SR No
Reg. No	SR No
Reg. No	SR No
Reg. No	SR No