

Part-A: Sample Registration form



Indian Council of Medical Research

Registration Form For Short Term Studentship (STS) - Part - A

Note:- Before filling up this form, please read carefully the detailed instructions for STS paramedical/ non-medical/ any other courses students are not eligible

(*)==> MANDATORY FIELDS

LOGIN DETAILS

Student's complete email id * Please Enter Complete Email Address
(This will be the LOGIN ID for future use)

Retype complete email id * Please Re-Enter Complete Email Address

Mobile *
(This will be used for future correspondence)

Alternate email id Please Enter Complete Alternate Email Address

STUDENT COURSE DETAILS

Full Name *	Title	First Name	Middle Name	Last Name
<small>(Please do not write your name in ALL CAPS)</small>				
Date of joining MBBS/BDS Course *		Day	Month	Year
State (College Belongs to) * <input type="text"/>				
Course		Year		
Class *	<input checked="" type="radio"/> MBBS <input type="radio"/> BDS	<input type="radio"/> I Prof	<input type="radio"/> II Prof	<input type="radio"/> III Prof
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"/>				
Date of joining MBBS/BDS Course *				
State (College Belongs to) * <input type="text"/>				
Course		Year		
Class *	<input checked="" type="radio"/> MBBS <input type="radio"/> BDS	<input type="radio"/> I Prof	<input type="radio"/> II Prof	<input type="radio"/> III Prof
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	STD Code	Tel Ph	Extn if any	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

STUDENT PERSONAL DETAILS

Gender * Male Female

Nationality * Indian

Date of Birth * Day Month Year

State (Home Belongs to) *

Home Address Line1 *

Home Address Line2

City *

Pin Code *

Alternate Mobile

Residence Telephone

STD Code Tel Ph

Where would you want correspondence to be sent to * College Home

Submit Reset