SI. No .--

To

Sir,

Roll No. -

Date -

Phone: (033) 2651-6364 (College Office)

(033) 2651-0043 (Principal Office)

Principal

(033) 2651-7578

(Hospital)

APPLICATION FOR ADMISSION

The Principal / Teacher-In-Charge

Netai Charan Chakravarty Homoeopathic Medical College & Hospital

FORM OF

45F, ROAD, BELGACHIA, HOWRAH - 711 101 106-107, Joynarayan Babu & Ananda Dutta Lane, Howrah - 711 101

passed Higher Secondary (10+2) Examination with S	Science along with Physics, Chemistry and Biology in
	Recognized Board / University. Now I am
	Seat as admission, tuition and
	nd Regulations of the College, Hostel (if any) and shall
	nay be made hereafter. I here by declare that I will not
	ult or torcher in future to any of my Institutional Student
) in any of aforesaid matter I must have to accept the
punishment of Institutional Authority.	
Name (in Block letters)	
	stescheduled/non schedule
Religion	
Father's Name (in Block letter)	
Guardian's Name	
Relationship with Guardian	
Local Address (in Block letters)	
Coming from Rural / Urban Areas	
Married / Single	
Academic Qualifications	Year
DateDivision / Grade	University / Board
	alent Examination
JENPARAH & RANK No	Enrolment No
	if any
Higher degree if any	••••••••••••••••••••••••••••••••••••••
Classes will be held at 45F, Road, Belgachia, Howral	n-711101 Yours obediently
Date20	Signature of the Applicant
Remarks	