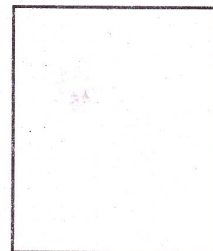


**APPLICATION FOR ENROLMENT**  
***R.M.P. Medical PRACTITIONERS OF INDIA***  
***(CONDUCTED BY)***  
***JAN SWASTHAYA KALYAN SEWA SAMITI***  
***(REGISTERED BY U.P. GOVERNMENT)***

To,

The Secretary  
Jan Swasthaya Kalyan Sewa Samiti  
Lucknow.



Dear Sir,

I would like to get my name enrolled in your list for the development of Rural Medical Practitioners under the auspices of JAN SWASTHAYA KALYAN SEWA SAMITI duly registered by the Govt. of U.P. under society registration Act. XXI of 1860. Necessary details in respect of any qualification and experiences etc. are furnished below.

1. Name if full : \_\_\_\_\_  
(Block Letter)
2. Father's Name : \_\_\_\_\_  
(Block Letter)
3. Date of Birth : \_\_\_\_\_
4. Address : \_\_\_\_\_  
Phone No. (if any) : \_\_\_\_\_
5. Particulars of examination passed :
6. Apprenticeship under doctor if any give full details :
7. Duration and Place of practice :
8. (a) Other particulars if any  
(b) General educational qualifications :  
(c) Medical Experience :
- I. Solemnly declare that the above information are correct to the best of my knowledge & ability.  
I here be attach the attested or Photostat copies of the certificates.

Applicant's Name

Signature in full

**INSTRUCTION**

1. The applicant must fill the form in his own handwriting.
2. The registration certificate must be renewed annually.
3. Experience in the profession should not be less than three years.
4. SESSION W.E.F. 1st January to 31 December of every Calendar Year Correspondence course for one year.

(Renewal fees Rs. 500/- per year)  
(Note- Kindly Fill The Form In Block Letters.)