

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 peromedical/ non-medical/ any other courses students are not eligible*

**(\*)==> MANDATORY FIELDS**

**LOGIN DETAILS**

Student's complete email id \*   
(This will be the LOGIN ID for future use)

Retype complete email id \*

Mobile \*   
(This will be used for future correspondence)

Alternate email id

**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 *		<input type="text" value="-Select-"/> <input type="text"/> <input type="text"/> <input type="text"/>		
State (College Belongs to) *		<input type="text" value="-Select-"/>		
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 <input type="radio"/> Other		
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 *		<input type="text" value="-Select-"/> <input type="text"/> <input type="text"/> <input type="text"/>		
State (College Belongs to) *		<input type="text" value="-Select-"/>		
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 <input type="radio"/> Other		
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 \*

Date of Birth \*

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