



ESIC- POST GRADUATE INSTITUTE OF MEDICAL SCIENCES & RESEARCH AND MEDICAL COLLEGE
 (A Statutory Body Under Ministry of Labour, Govt. of India)
 DIAMOND HARBOUR ROAD, P.O.: JOKA, KOLKATA-700 104
 An ISO 9001:2008 Certified

Central Library

Membership Form for Intern (Year: _____)

Name (Block Letters) _____

Father's Name _____

Date of Birth _____

Blood Group _____

Course (Internship) _____

Date of Joining _____

Correspondence Address _____

Permanent Address _____

Phone No. _____

E-Mail _____

<p>Latest Stamp size Photo</p> <p>Attested by Library-in-Charge</p>

UNDERTAKING

I have read the ESIC-PGIMSR & MC rules and agree to abide by them and shall obtain 'Clearance Certificate' from ESIC-PGIMSR & MC at the time of transfer/ leaving the College. To pay any dues when demanded by the ESIC-PGIMSR & MC as per its rules.

Date: _____

Signature of the Applicant

Recommendation of the Head of the Department/ DEAN

He/ She may be enrolled as a member as ESIC-PGIMSR & MC services would benefit in the discharge of his/her duties. Undersigned vouchsafes for compliance of rules by the applicant.

Date: _____

Signature with Stamp HOD/ DEAN

N.B:- This Card valid from ten months on dated joining of internship.

For ESIC-PGIMSR & MC Use

Mr./Ms. _____ has been enrolled as member of the ESIC-PGIMSR & MC. His/ her

Librarian

Membership No. is _____

Note: - All Columns are compulsory, submit three photographs (two attach, one paste)