



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

Membership Form for SR/JR

Name (Block Letters) _____

Father's Name _____

Date of Birth _____

Blood Group _____

Enrolment No. _____

Department.

Date of Joining:

Correspondence Address _____

Permanent Address _____

Phone No. _____

E-Mail _____

<p>Latest stamp size photo</p> <p>Attested by Registrar</p>

UNDERTAKING

I have read the ESIC-PGIMSR & MC rules and agree to abide by them and also agree with records maintained by the ESIC-PGIMSR & MC, in respect of issue & return of documents & other related matters. I undertake the following.

1. To pay any dues when demanded by the ESIC-PGIMSR & MC as per its rules.
2. That after writing examination of completion of each MBBS professional examination, I will return all the books to ESIC- MC otherwise University reserves the right to withhold my result.
3. To obtain "No Dues/ Clearance Certificate" from ESIC-PGIMSR & MC at the time of leaving the College.

Date: Signature of Applicant

For ESIC-PGIMSR & MC Use

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

Membership No. is _____

Recommended for HOD

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