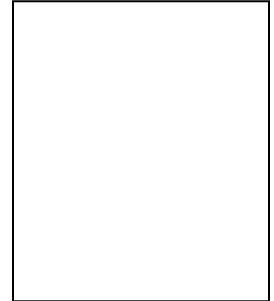


CALCUTTA HEART CLINIC & HOSPITAL

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REGISTRATION No. S/16611 OF 1975-76

Certificate Course in Basic Intensive Care Medicine 2016

ADMISSION FORM



NAME (IN BLOCK LETTERS) _____

AGE _____

SEX _____

PRESENT ADDRESS _____

PERMANENT ADDRESS _____

COLLEGE OF GRADUATION _____

UNIVERSITY _____

YEAR OF PASSING MBBS _____

REGISTRATION NUMBER _____

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I hereby declare that all the facts written here are true to my knowledge.

Date:

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