



CLINSTINCT CLINICAL RESEARCH

519, Mallick complex, Jagamara, Khandagiri, Bhubaneswar-751030

Student Registration Form

(All the information required to fill in capital letters only)

<i>For Office Use Only</i>	
Fee payment details (details of DD/Pay Order)	
1. DD.No _____	Amount _____ Date _____ Bank _____
2. DD.No _____	Amount _____ Date _____ Bank _____
CCR Regd No _____	Signature Officer Incharge of Admission Counter

Passport
Size
Photo

ADMISSION DETAILS

Name of Student: _____

(In CAPITAL LETTERS as appear in HSSC)

Father Name: _____

Admission Date : _____ Date of Birth: _____

Religion: _____ Nationality: _____

Contact Number: - _____ Alternative Number: _____

Language known: _____

E-mail ID: _____

Father Occupation : _____

Sex: **Male / Female**

Married: **Yes / No**

Class Time Schedule: - _____

ACADEMIC DETAILS:

NAME OF THE SCHOOL/COLLEGE	NAME OF THE UNIVESITY	YEAR OF PASSING	PERSENTAGE SECURED

EXPERINCE DETAILS

NAME OF THE COMPANY	FROM- TO (YEARS)	YEAR OF EXPERIENCE

ADDRESS DETAILS :(PRESENT ADDRESS)

Address: _____

City: _____ Pin: _____ Dist.: _____ State: _____

Parent's Landline phone No.: _____ Parent's Mobile No.: _____

Candidate's Mobile No: _____ E-mail Id: _____

ADDRESS DETAILS :(PERMANENT ADDRESS)

Address: _____

City: _____ Pin: _____ Dist.: _____ State: _____

Parent's Landline phone No.: _____ Parent's Mobile No.: _____

Candidate's Mobile No: _____ E-mail Id: _____

I DO HEREBY DECLEAR THAT THE ABOVE INFORMATION GIVEN BY ME IS TRUE AND CORRECT AS PER MY KNOWLEDGE.

DATE:

SIGNATURE

PLACE: