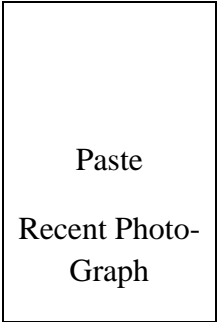




S L ROY PUBLIC HEALTH AND RESERCH INSTITUTE
एस एल राय सार्वजनिक स्वास्थ्य एवं अनुसंधान संस्थान
JETHULI FATUHA PATNA BIHAR 803201 INDIA.
जेठुली फतुहा पटना बिहार 803201 भारत
E mail:-slrphri@gmail.com, 9430082830, www.slrphri.ac.in

STTP/CRE COMMON APPLICATION FORM

1. CANDIDATE'S NAME.....
2. FATHER'S/HUSBAND'S NAME :.....
3. PROFESSIONAL/ STUDENT (Please Tick)
4. AGE / SEX BLOOD GROUP
5. CATEGORY.....
6. QUALIFICATION
7. DESIGNATION
8. WORKING PLACE
9. RCI REG.NO WITH YEAR (Attach Proof):
10. ADDRESS FOR CORRESPONDANCE:
.....
.....
11. CONTACT NO. & E-MAIL
12. REGISTRATION FEE PAYMENT MODE: CASH/DD/ACCOUNT PAY (Please Tick)



Note:- Enclose self attested RCI registration certificate.

Date:

Signature of Convener
(Registration committee)

Signature of Participant