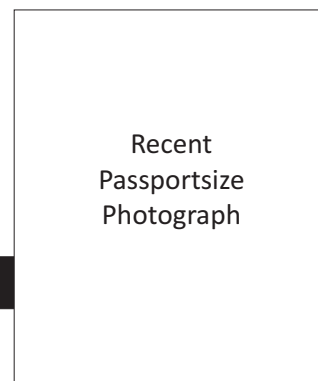




# SPEED MEDICAL CENTRE



## APPLICATION FORM

Course Applying For : Correspondence Course \_ Chennai

1.Name of the Candidate (IN CAPITAL LETTERS)

2.Father's Name

3.Date of Birth  Age  Sex  Male  Female

4.Qualification  5.Completion of Course(year)

6.College in Which Studied

7.University

8.Full Postal Address for Communication

Pin

9. Tel.Number. (Res) :  Mobile:

E-mail ID:

10.Permanent Address:

Pin

1.DD Amount : Rs.12,850/- DD No : \_\_\_\_\_ Bank \_\_\_\_\_

**I understand that the Registration fee paid will not be refunded under any circumstances.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of the Applicant

### FOR OFFICE USE ONLY

Name of Applicant : \_\_\_\_\_

Reg. No. : R.No : IC Batch No. \_\_\_\_\_

Reg. Date : \_\_\_\_\_ Officers Name : \_\_\_\_\_