

Enquiry Form



Indian Institute of Medical Representative (Medical Representative Training Institute)

D-354, Vikas Marg, Laxmi Nagar (Opp. Laxmi Nagar Metro Station) Delhi-110092



Form No.....

Name.....

Father/Husband Name.....

Father's Occupation.....Contact No.....

Date of Birth.....Sex (M/F).....

Qualification.....

Correspondence Address.....

.....Pin.....

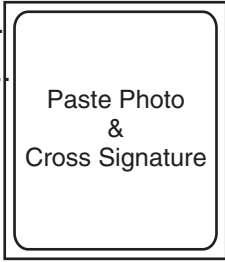
Contact No. (S.T.D. Code).....Mobile No.....

Permanent Address :

.....Pin.....

Contact No. (S.T.D. Code).....Mobile No.....

e-mail (if any).....



Class	Board/University	Subject	Year of Passing	% of Marks
Higher Secondary (10th)				
Senior Secondary (10+2)				
D. Pharma/DMLT				
B.A./B.Sc./B.Com				
B. Pharma/BBA/BPT				
B.Sc./M.Sc.(Bio-Tech)				
M.A./M.Sc./M.Com.				
M.B.A.				

Experience (if any).....

How did you know about the Institute : News Paper Hoarding Pamphlet Friend

1.....

2.....

Please name two of your friends desirous to become Medical Representative

Name.....

Name.....

Qualification.....

Qualification.....

Contact No.....

Contact No.....

Address.....

Address.....

Signature