

Proforma No. 1

1A)	NAME OF THE COLLEGE	DINABANDHU ANDREWS COLLEGE
	TELEPHONE NO.	24304377

1B) MAXIMUM ACCOMMODATION CAPACITY

2A) NAME & DESIGNATION OF THE PERSON WHO WILL ACT AS OFFICER-IN-CHARGE OF THE CENTRE

1
2

2B) CUSTODIAN OF THE CONFIDENTIAL PACKETS MEANT FOR THE CENTRE (WHEREEVER APPLICABLE)
(PREFERABLY O.C. OF THE NEAREST P.S.)

NOT APPLICABLE

3 COMPOSITION OF THE CENTRE COMMITTEE

1
2
3
4
5
6

Note: *One registered medical practitioner should be included in the centre committee. Consent of the medical practitioner is to be furnished in the following format*

I agree to attend all emergency cases at the venue of the examination during the period of examination.

Date		Signature Name & Registration No. of the RMP
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Date		Signature Signature of the Principal/TIC with Office Seal
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Signature of _____

Signature of _____

**Attested
Principal
Dinabandhu Andrews College**