

### Proforma No. 1

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

1B)	MAXIMUM ACCOMMODATION CAPACITY	[ ]
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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.)	<b>NOT APPLICABLE</b>
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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**