

**15th Instructional and 9th Foundation Course
Registration Form
SCB Medical College, Cuttack**

All fields are mandatory

Name of Candidate			
Designation / Course / Year			
Institution			
Name of HOD			
Email of HOD			
Name of the course applied: (Foundation / Instructional/ Observer)			
NSI Membership No.			
Email			
Mobile No.			
Have you attended any Instructional/Foundation Course before: Yes / No. If yes please provide details			

Required Enclosures / Attachments:

1. Covering Letter regarding permission of attendance to the course by Consultant Incharge / Head of the Department
2. Online Payment using the link provided on the NSI Website homepage