

Annexure Part - I

Delhi Academy Of Medical Sciences Pvt Ltd

Performa for requisition to sets of Study Material

Kindly issue _____ No. of sets for _____ students enrolled for _____

course in _____ center for Medical/Dental stream.

Signature of Franchise

Annexure Part - II

Delhi Academy Of Medical Sciences Pvt Ltd

(For office use only)

Requisition has been received for _____ no of sets of study material for _____ no. of
Students enrolled in the above centers kindly verify for the same in the Medical/Dental Stream.

To Mahendra For Verification

Rajwant Kaur

Signature

Signature

Annexure Part - III

Delhi Academy Of Medical Sciences Pvt Ltd

(For office use only)

Verified _____ no. of students have been entered in the ERP

Mrs. Aditi

Signature

Franchise Accounts