

EXAMINATION FORM

All entries must be filled by the candidate himself/herself in CAPITAL letter. Put √ for and NA where Not applicable in the box. The Examination Form Contain Two Pages ENROLLMENT No.	te Yes or X for No					
(Leave Blank)	Paste the Recent passport size photograph					
(Leave Blank)	Attach 4 photographs					
Course Applied For						
	ture of Candidate					
Name of Candidate						
Father's Name						
Mother's Name						
Mother's Name						
Date of Birth Gender Male	Female					
PERMANENT ADDRESS						
CityStatePh.No MobE-mail						
Moo E-man						
Name Of College						
Nationality Indian Other(Specify Country name)						
Category General OBC SC	ST					
S.No Course Name Subject Subject Name						
1 Code						
2						
Declaration by the Applicant						
I have read and understood the rules and regulation of the council and satisfied myself that I fulfill the eligibility condition as laid down in the prospectus. I have furnished necessary information/						
document(s) correctly I shall submit any other document(s) that may be required in the future. I understand that my candidature is liable to be cancelled by the paramedical council of India						

/document(s) submitted herewith is found incorrect or misleading. Further, the council has full authority to take appropriate action which shall be acceptable to me. In further also, if any information submitted by me is found incorrect, the council has the authority to cancel the Certificate at any time.

Date	/	/	(DD/MM/YY)	
				Signature of Candidate (In Running Writing)

I have Certified that the document produced and verified verified and stamped by the undersigned and are correct details given above. I have Certified that the candidate has signed the form in	. I am responsible for any discrepancies in the			
Date/(DD/MM/YY)	Signature of Head with Seal			
Instructio	ns			
 Examination form found incomplete in any circumstances cannot be accepted. 				
Suppression of Furnishing of any false information by a candidate will lead to immediate cancellation of his/her form.				
There is no refund any circumstances.				
 Please attach 10th Certificate with Examination Fe 	orm and fill form according to 10th Certificate.			
STUDENT CO	OPY			
Name of Candidates				
Father's Name				
Mother's Name				
Postal Address				

Pin Code ______

Signature of Candidate