

PARA MEDICAL BOARD OF INDIA

ASHOK NAGAR, DELHI-93
APPLICATION FORM FOR REGISTRATION

To,

Registrar

Para Medical Board of India
Delhi-93

Certificate/Dip No-----

(Only for office Use)

Sir

I am submitting the following information for Diploma / Certificate.

Name (in block letter) -----Father's

Name-----

Date of Birth-----

Address-----

-----Pin Code-----

Diploma / Certificate in-----Enroll. No-----

Name of Institute-----

Detail of Marks:

SN	COURSE	SEMESTER	OBT. MARKS	RESULT	%
1					
2					
3					
4					
5		Total Marks			

Details of Demand draft no-----Date-----

Name of Bank-----

Attached to compulsory documents:

1. Attested photocopy of mark sheet High School and above course (all Semester / Annual)
2. Three pass port size photographs
3. Laboratory experience certificate (Six Month)
4. Certificate / Diploma fee **Rs-1000/- by DD only**, in favour of "**ParaMedical Board of India**" payable at Delhi. *With out DD application form will not be accepted.*

Declaration

I solemnly declare that the above mentioned facts are correct to the best of my knowledge

Applicant Signature

Principal Remarks:

Certified that candidate is benefited student of.....institution and above information is correct he/ she has signed in my presence.

Sign and Seal of Principal/ Director