

PARA MEDICAL BOARD OF INDIA

(Under Act – 1956, S 25182, USQ 33718/88, Govt. of India) (CENTRAL BOARD) DELHI

Diploma/ Registration Form

INSTRUCTIONS:						
 Form should be field in block letter in English language with blue ink only by the applicant. Incomplete application will be rejected without any further communication. All deposit fee will not be refundable / adjustable any circumstance. All Document attached by applicant with attested by Gazetted officer /self. Dispute, if any, are Subjected to Delhi Jurisdiction only. 						
DETAILS OF APPL	_ICANT(In Capit	<u>al Letter Only)</u>				
Name of Course			Session			
Enrolment no		Practical Training{Six Month}				
Name of Applicant						
Father's Name						
Date of BirthGenderM						
Employment—Govt.	/ Private (if Any)					
Address						
Pin codeContact No						
E-mail ID						
DETAILS OF EDUCA	ATION QLIFICATIO	ON:				
		Roll No/				
NAME OF EXAM	YEAR / SEM	Enrolment N0	BOARD	RESULT		
10th						
12th						

Details of Fee

Approved

Diploma Fee	Registration Fee	Paid by DD/Cash/Online	Details of Payments	
			DD-N0-	
2500/	3000/-		Name of bank	
			Date	

Required Documents					
 High School/ Intermediate Mark sheet / Certificate Mark Sheet of Pass out Course (Such as DMLT/DRIT/DNA/D Aadhaar Card 02 Passport size photos Attached Practical Training Certificate of Six Months Name of Demand draft – Para Medical Board of India , Payable 	,				
Date	Signature of applicant				
DECLARATION BY THE APPLICANT					
I solemnly declare that I have done carefully through prospectus and that aforementioned information and enclosed documents above are true and complete to the best of my Knowledge and belief. I shell obey all the instructions in prospectus and during my course whether it is verbally or written. If I will not obey all the rules, Controller of Board / Registrar has the authority to strike of my name from Board without parry notice.					
Signature of Guardian Date	Signature of applicant				

(Seal)