



# ALL INDIA PARAMEDICAL COUNCIL

(REGISTERED WITH MINISTRY OF SKILL DEVELOPMENT & ENTREPRENEURSHIP GOVT. OF INDIA)

Website: [www.allindiaparamedicalcouncil.org](http://www.allindiaparamedicalcouncil.org)

Phone: 9721482679, 7275571040

## Examination Form

APPLIED FOR COURSE NAME -----SEM/YEAR-----

|                |                      |          |                      |             |                      |
|----------------|----------------------|----------|----------------------|-------------|----------------------|
| Center Code    | <input type="text"/> |          |                      |             |                      |
| Student's Name | <input type="text"/> |          |                      |             |                      |
| Father's Name  | <input type="text"/> |          |                      |             |                      |
| Mother's Name  | <input type="text"/> |          |                      |             |                      |
| Postal Address | <input type="text"/> |          |                      |             |                      |
| Post           | <input type="text"/> | District | <input type="text"/> |             |                      |
| Date of Birth  | <input type="text"/> | Pin Code | <input type="text"/> | Nationality | <input type="text"/> |
| Mobile         | <input type="text"/> | Email    | <input type="text"/> |             |                      |
| Institute Name | <input type="text"/> |          |                      |             |                      |

Attach Qualification's Details & Enclose: Attested copies

| Name of Exam Passed       | Name of University/Board | Roll No | Subject | Year | Percentage |
|---------------------------|--------------------------|---------|---------|------|------------|
| Matric / 10 <sup>th</sup> |                          |         |         |      |            |
| Inter / 12 <sup>th</sup>  |                          |         |         |      |            |

|   |                       |  |
|---|-----------------------|--|
| Enclosure(s):<br>1.<br>2.<br>3.<br>4.<br>5.<br>6. | Color Photograph      | Attested by Principal<br>of<br>Training Center |
|   | Candidate's Signature | Date:  |

### Declaration

I am ----- agreeing with Constitutional rules and by-laws of the Faculty and respect its ethics and principals. I certify that all the particulars furnished above, are true to the best of my knowledge and belief. I understand that my candidature is liable to be cancelled if my documents or any activities proves misleading and affects the good will of the Faculty.