



ALL INDIA PARAMEDICAL COUNCIL

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

Website: www.allindiaparamedicalcouncil.org

Phone: 7275571040, 9795161070

Registration 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 th					
Inter / 12 th					

Enclosure(s): 1. 2. 3. 4. 5. 6.	Color Photograph	Attested by Principal of 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.