

STATE BOARD OF PARAMEDICAL COUNCIL Ministry of Health & Researcher Welfare Regd. for UP Govt. Regd. in NCT Delhi Autonomous Body Regd. in Act 1860 Registered in UP Govt.

EXAMINATION FORM

SessionDate All entries must be filled by the candidate himself/herself in CAPITAL letter. Put $$ and NA where Not applicable in the box. The Examination Form Contain Two Page		
ENROLLMENT No. ROLL No.	Paste the Recent passport size photograph Attach 4 photographs	
Course Applied For		
(As entered in Secondary/Senior Secondary Certificate)	gnature of Candidate	
Name of Candidate		
Father's Name		
Mother's Name		
Date of Birth Gender Male	Female	
PERMANENT ADDRESS		
City State Ph.No.		
City StatePh.No Mob E-mail		
Name Of College		
Nationality Indian Other (Sp Category General OBC SC	ecify Country name)	
S.N oCourse NameSubject CodeSubject Name1		
2 3		
4		
5 6		

Declaration by the Applicant

I have read and understood the rules and regulation of the Board / 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 State Board of paramedical council / document(s) submitted herewith is found incorrect or misleading. Further, the Board / 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)	
DADA DA NAS		
I have Certified that the document produced and verified by the student, as given above have been re- verified and stamped by the undersigned and are correct. I am responsible for any discrepancies in the details given above. I have Certified that the candidate has signed the form in my presence.		
Date/(DD/MM/YY)	Signature of Head with Seal	
Instructions		
1. Examination form found incomplete in any circumstances cannot be accepted.		
2. Suppression of Furnishing of any false information by a candidate will lead to immediate cancellation of his/her form.		
3. There is no refund any circumstances.		
4. Please attach 10 th Certificate with Examination Form and fill form according to 10 th Certificate.		
STUDENT COPY		
Name of Candidates		
Father's Name	Affix recent	
Mother's Name	Passport size photo	
Postal Address		
Pin Code		
Phone No.		