



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.

ENROLLMENT FORM

Enrollment no.....

Course Applied For

*** Session**

1. Candidate Name.....
2. S/o,D/o.W/o Shri.....
3. Mother's Name
4. Date of Birth
5. Sex
6. Nationality
7. Address
8. Contact No.
9. Category Gen, OBC, SC, ST, Other (Specify)
10. Email Id
11. Training Center-

Affix 3
Passport Size
Photo

11. Qualification:-

S.No.	Examination	Board/University	Year of Passing	Mark Obtain	% of Marks

Declaration: - I have read and understood the rules and regulations of the State Board of Paramedical Council and I agree with that. I fulfill the eligibility condition as laid down in the prospectus. All the information furnished above by me is correct. In case anything is wrong I should be held responsible for that. I shall submit any other document(s) that may be required by the council in Future.

Date:-

Signature of Candidate