



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.

Registration Form

To The Registrar

STATE BOARD OF PARAMEDICAL COUNCIL
NEW DELHI

Application For Registration of Diploma / Certificate in

Affix
Passport
size Photo
here

1. Name
2. Father Name
3. Mother Name
4. D.O.B.....
5. Course Duration.....
6. Training Period(mm/yyyy) From...../..... To...../.....
5. PermanentAddress
- District State..... PIN code.....
5. Mobile No. E-mail ID
6. Name of Training Center
7. Month & Year of Passing
8. Final Year Roll No.

Signature of Candidate

Enclosure-

- 1- Mark sheet of Training (1st & 2nd Year)
- 2- 10 and (10+2) Mark sheet & Certificate
- 3- NOC from Institute
- 4- Adhar Card

FOR OFFICE USE ONLY

1. Registration Fee
2. Receipt No. Date
3. Registration No