

**Details of previous Examination Passed from other Board / University
(Enclose Duly Attested / Self Attested Photocopy of a previous year passed Mark Sheet)**

Sr. No.	Name of Exam	Roll No.	Year of Passing	Mark Obtained	Name of Board	Pass/Fail	Percentage

Declaration by the Applicant

I have read and understood the rules and regulation of the 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 paramedical council of india / document(s) submitted herewith is found incorrect or misleading. Further, the 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 Board has the authority to cancel the Certificate at any time.

Date ____ / ____ / ____ (DD/MM/YY)

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.

Certified that the candidate has signed the form in my presence.

Date ____ / ____ / ____ (DD/MM/YY)

Signature of Head with Seal

Instructions

1. Admission 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.

Name of Candidates : _____

Father's Name : _____

Mother's Name : _____

Postal Address : _____

Pin Code : _____

Phone No. : _____

**Affix recent
Passport Size
Photo**

Signature of a Candidate