



# PARA MEDICAL BOARD OF INDIA

ASHOK NAGAR, DELHI-93  
APPLICATION FORM FOR REGISTRATION

To,

**Registrar**

Para Medical Board of India  
Delhi-93

Sir

Certificate/ Dip No-----

(Only for office Use)

Color  
Photo  
Only

I am submitting the following information for Diploma / Certificate.

Name (in block letter) -----

Father's Name-----

Date of Birth-----

Address-----

-----Pin Code-----

Diploma / Certificate in-----Enroll. No-----

Name of Institute-----

### **Detail of Marks:**

SN	COURSE	SEMESTER	OBT. MARKS	RESULT	%
1					
2					
3					
4					
5		Total Marks			

Details of Demand draft no-----Date-----

Name of Bank-----

### **Attached to compulsory documents:**

1. Attested photocopy of mark sheet High School and above course (all Semester / Annual)
2. Three pass port size photographs
3. Laboratory experience certificate (Six Month)
4. Certificate / Diploma fee **Rs-2500/- by DD only**, in favor of "**Para Medical Board of India**" payable at Delhi. With out DD application form will not be accepted.

### **Declaration**

I solemnly declare that the above mentioned facts are correct to the best of my knowledge

*Applicant Signature*

### **Principal Remarks:**

Certified that candidate is benefited student of.....institution and above information is correct he/ she has signed in my presence.

*Sign and Seal of Principal/ Director*

