



PARA MEDICAL BOARD OF INDIA

ASHOK NAGAR, DELHI-93
APPLICATION FORM FOR DIPLOMA / CERTIFICATE

To,
Registrar
Para Medical Board of India
Delhi-93
Sir

Certificate/ Dip No-----
(Only for office Use)

Colour
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-1200/- by DD only**, in favour 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

