



PARAMEDICAL COUNCIL OF INDIA

Registration Form

To

The Registrar
Para Medical Council of India

Application for Registration of

1. Name

2. Father Name

3. Date of Birth

4. Permanent Address

.....

District State PIN code.....

5. Mobile No. E-mail ID

6. Name of Training Center

7. Month & year passing

8. Final year Roll No.

Photo

Signature of Candidate

Encl -

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

FOR OFFICE USE ONLY

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