



## ALL INDIA PARA MEDICAL FACULTY

( NOC & COURSE COMPLETION CERTIFICATE)

### Registration form

Training center code - -----

Training center Name - -----

This is certify that Mr. /Ms -----S/o or D/o -----

-----Admission in Course -----,date -----to-----

----- & Six month Internship Date -----to-----.

Roll No. ----- , Enrollment No. -----Session-----to-----

Course	Exam in month & year	Division	Marks

**Student Signature**

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Date -----

Place -----

**Principal**

(Signature & Seal)