



ALL INDIA PARA MEDICAL FACULTY

(Central board of Delhi)

TRANSFAR FORM

Enroll. No.		Roll No.	
--------------------	--	-----------------	--

--

Bank Name [DD/NEFT/DT(ptm,bhim,phone pay etc)]	DD/NEFT/DT(ptm,bhim,phone pay etc) No.	Amount

Your Course _____ Code _____ 2nd/Final year

Study centername		Code	
-------------------------	--	-------------	--

1- Applicant name in English only

First		Middle		Last	
--------------	--	---------------	--	-------------	--

2 - Father's name in English only

--

3 - Mother's name in English only

Aadhaar no. for applicant										
----------------------------------	--	--	--	--	--	--	--	--	--	--

Address _____

4 - Date of Birth - ----- SEX M/F -----

5 - Nationality ----- Contact no. -----



ALL INDIA PARA MEDICAL FACULTY

(Central board of Delhi)

6 - Category (Gen, OBC ,SC, ST, Other cast) -----

7 - Qualifications -----

S.No.	Examination	Board / University	College Name	Passing year	Obt. Marks	% marks
1	10 th					
2	10+2/ 12 th					

Head of College/ Institution Signature & Stamp	
--	--

8 - Declaration --- I have read and understood the rules and regulation of the board and satisfied myself that I fulfill the eligibility condition as laid down prospectus, I agree to attend my training at the place designated by faculty .I shall submit any other documents that may be require in the future if any informed submitted by me is found at any time .

Date_____

Student Signature