



All India Para Medical Faculty

Registration form

(Affiliated by other board/university /etc & Fee Rs.6550/)

Photo

Registration Course -

course		code	
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Student Name -----adhar No.-----

Father's Name -----Mother's Name-----

Date of Birth ----- Admission date----- Session-----

Passing year & month -----internship date-----to-----

Roll. No.(Final) -----Enrollment No./Admission No.-----Session-----

Address-----

-----District-----State-----Pin code-----

Board/University Name ----- Mobile No.-----

Training center Name-----

Examination	Passing year	Roll .No.	Marks	Presented
10 th				
10+2/ 12 th				

Date -----

Student Signature

Remarks :- 1- Mark sheet of Training (1st & 2nd Year)

2- 10th (10+2) Mark sheet & Certificate

3- NOC from Institute

4- Diploma certificate

5- Diploma mark sheet

6- Internship

Declaration by the Applicant

I have read and understood the rules and regulation of the Faculty and satisfied myself. I have furnished necessary information/ document(s) correctly. I shall submit any other Document that may be required in the future. I understand that my registration is liable to be cancelled by the paramedical council of India /document(s) submitted herewith is found incorrect or misleading. Further, the Faculty has full authority to take appropriate action which shall be a capable to me. If any information submitted by me is found incorrect, the council has the authority to cancel the Certificate at any time.

Name

Father's name

Mother's name:

Police station Tahsil

District:State:.....

Date ____/____/____ (DD/MM/YY)

Signature of a Candidate (In Running Writing)

Note :- (a) Please Send Your All information for inclusion in All India Para Medical Faculty ByRegistered /speed post to **“Registrar All India Para Medical Faculty ,Nagram,Lucknow Up-226303 (India) &At Email address Registrar@aipmf.com ,Allindiaparamedicalfaculty@gmail.com.**

(b)- Registration fee will not be refundable at any reason/condition .