



STATE PARAMEDICAL SCIENCE FACULTY

ENROLLMENT FORM

Enrollment no.....

Course Applied For

* **Session** -

1. Candidate Name.....	<div style="border: 1px solid black; padding: 5px;"> <p>Affix 3</p> <p>Passport Size Photo</p> </div>
2. S/o,D/o.W/o Shri.....	
3. Mother's Name	
4. Date of Birth	
5. Sex	
6. Nationality	
7. Address	
8. Contact No.	
9. Category Gen, OBC, SC, ST, Other (Specify)	
10. Email Id	
11. Training Center-	

11. Qualification:-

S.No.	Examination	Board/University	Year of Passing	Mark Obtain	% of Marks

12. **Declaration:** - I have read and understood the rules and regulations of the State Paramedical Science Faculty I agree with that. I fulfill the eligibility condition as laid down in the prospectus. All the information furnished above by me is correct. In case anything is wrong I should be held responsible for that. I shall submit any other document(s) that may be required by the council in Future.

Date:-

Signature of Candidate