



## EXAMINATION FORM STATE PARAMEDICAL SCIENCE FACULTY

Session .....Date .....

All entries must be filled by the candidate himself/herself in CAPITAL letter. Put  $\checkmark$  for Yes or X for No and NA where Not applicable in the box. The Examination Form Contain Two Pages

ENROLLMENT No.

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ROLL No.

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Course Applied For

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Paste the Recent  
passport size  
photograph  
Attach 4  
photographs

(As entered in Secondary/Senior Secondary Certificate)

Signature of Candidate

Name of Candidate

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Father's Name

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Mother's Name

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Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender Male

Female

PERMANENT ADDRESS

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City \_\_\_\_\_ State \_\_\_\_\_ Ph.No. \_\_\_\_\_

Mob. \_\_\_\_\_ E-mail \_\_\_\_\_

Name Of College

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Nationality

Indian

Other

\_\_\_\_\_ (Specify Country name)

Category

General

OBC

SC

ST

S.No	Course Name	Subject Code	Subject Name
1			
2			
3			
4			
5			
6			

## **Declaration by the Applicant**

I have read and understood the rules and regulation of the council and satisfied myself that I fulfill the eligibility condition as laid down in the prospectus. I have furnished necessary information/document(s) correctly I shall submit any other document(s) that may be required in the future. I understand that my candidature is liable to be cancelled by the paramedical council of India /document(s) submitted herewith is found incorrect or misleading. Further, the council has full authority to take appropriate action which shall be acceptable to me. In further also, if any information submitted by me is found incorrect, the council has the authority to cancel the Certificate at any time.

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (DD/MM/YY)

Signature of Candidate (In Running Writing)

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I have Certified that the document produced and verified by the student, as given above have been re-verified and stamped by the undersigned and are correct. I am responsible for any discrepancies in the details given above.

I have Certified that the candidate has signed the form in my presence.

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (DD/MM/YY)

Signature of Head with Seal

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## **Instructions**

1. Examination form found incomplete in any circumstances cannot be accepted.
2. Suppression of Furnishing of any false information by a candidate will lead to immediate cancellation of his/her form.
3. There is no refund any circumstances.
4. Please attach 10<sup>th</sup> Certificate with Examination Form and fill form according to 10<sup>th</sup> Certificate.

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## **STUDENT COPY**

Name of Candidates \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

Pin Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Affix recent  
Passport size photo

Signature of Candidate