



PARAMEDICAL EDUCATION & TRAINING COUNCIL

EXAMINATION FORM - 20 - 20

Date: -

Day: -

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 contains Two Pages.

Enrollment No. -

Roll No. -

Course Applied For -

Passport
Size Photo

As entered in Secondary Certificate -

1. Name of Candidate

2. Father's Name

3. Mother's Name

4. Date of Birth

5. Gender

6. Nationality

7. Address

8. Contact No.

9. Category Gen, OBC, SC, ST, Other (Specify)

10. Email Id

11. Qualification:-

Details of previous Examination Passed from other Board/University (Enclose Duly Attested/Self Attested Photocopy of a previous year passed Mark Sheet)

S. No.	Examination	Roll No.	Board/Uni.	Year of Passing	Mark Obt.	% of Marks

Declaration by the Applicant

I have read and understood the rules and regulation of the Para Medical Education & Training 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 Education & Training Council/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 foundation has the authority to cancel the Certificate at any time.

Date ___/___/___ (DD/MM/YY)

Signature of Candidate (In running writing)

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.

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

Date ___/___/___ (DD/MM/YY)

Signature of Head with Seal

Instructions

1. Admission 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.

Name of Candidate :

Father's Name :

Mother's Name :

Postal Address :

Pin Code :

Phone No :

Signature of Candidate

Ch. No. 157/1, Near Laxmi Nagar, Metro Station Gate No 1, Vikas Marg, Delhi - 92

Website : <https://paramedicaleducationcouncil.com/> E-mail : admin@paramedicaleducationcouncil.com