

UP STATE PARAMEDICAL FACULTY



Photograph

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

Registration Course -

Sig.Student

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				

Remarks :- 1- Mark sheet of Training (all Years)

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

3- NOC from Institute

4- Diploma/Degree certificate

5- Diploma / Degree 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 faculty/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 UP State Para Medical Faculty By Registerd/speed post to **“Registrar, UP State Para Medical Faculty ,Nagram,Lucknow Up- 226303 (India)**

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