



Government Registered
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PARA MEDICAL FACULTY OF INDIA®

भारतीय चिकित्सा सहायक परिषद

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EXAMINATION FORM

COURSE NAME _____ SEM / YEAR _____

MODE OF DISTANCE EDUCATION PROGRAMES

SESSION _____ ENROLL NO. _____ ROLL NO. _____

1. Name :

(In Block Letters)

2. Father / Husband's Name :

(In Block Letters)

3. Postal Address : Post

Distt State

4. Date of Birth : Nationality :

Mob.: E-mail:

5. Name of Institute :

6. Attach Qualification's Detail & Enclose : Attested copies :

Name of Exam Passed	Name of University / Board	Roll No.	Year	Subject	Grand Total
High / Matric					
Inter (10+2)					

7. I declare that the above mentioned details are totally correct in any knowledge. Please allow me to appear in examination.

(Signature of Student)

8. Recommendation of Principal

Name of Student

Father/Husband's Name

bears good moral character.

The Examinee has completed all the practicals and theoretical training which is necessary for Course Name _____ So he/She may be allowed to appear in Sem /annual

Examination fee Rs.: _____ has been received by this office which is enclosed as

Bank DD.No. _____ Dated _____ issued by bank Name _____

Date : _____

Sig. of Center Head

Institution Seal

Note : INCOMPLETE FORM WILL BE REJECTED WITHOUT ANY NOTICE.