



Government Registered
An ISO 9001-2008 Certified Institution

PARA MEDICAL FACULTY OF INDIA® भारतीय चिकित्सा सहायक परिषद

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National ADMN. Office : E-113 Sect- I, L.D.A. Colony, Kanpur Road, Lucknow (U.P.) Pin-226012

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Admission Form

APPLID FOR COURSE NAME _____ SEM / YEAR

MODE OF DISTANCE EDUCATION PROGRAMES

SESSION _____ ENROLL NO. _____ ROLL NO. _____

Paste a recent
photo here and
attach another
one.

Sir,

Most respectfully, I bet to state that I want to get my Admission Fees in your Faculty.Fees: _____

Date: _____ Cash/Bank D.D. No.: _____ Date: _____ in Favour of Paramedical
Faculty of India Lucknow (U.P.) Through Transfer IFSC Code UBIN0559571 A/c No. 595701010050160 Union
Bank of India Lucknow (U.P.).

1. Name of Student :

(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)					

DECLARATION

I am remitting ₹.: _____ as Admission Fees by D.D. No.: _____ Dated: _____
Drawn Bank from & transfer: _____ I agree
with the Constitutional rules and by-laws of the Faculty and respect its ethics and principals. I certify that all
the particulars furnished above, are true to the best of my knowledge and belief. I understand that my
candidature is liable to be cancelled if my documents or any activities proves misleading and affects the
good will of the Faculty.

Date: _____

(Signature of Student)

FOR OFFICE USE ONLY

Name of Student _____ Father/Husband's Name _____

Received Application on date: _____ ₹.: _____ D.D. No.: _____

Note : Incomplete Form Will Be Rejected Without Any Notice.

Secretary