



Regd. Office : 3385 Mahendra Park (Ranibagh), Delhi-34

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

Website : www.pmfidelhi.com E-mail : paramedicalfacultyindia@gmail.com M. : 09415017779, 09044717779

Paste a recent photo here and attach another one.

APPLIED FOR COURSE NAME YEAR

SESSION ENROLL NO.

Most respectfully, I bet to state that I want to get my Enrolment Fees in your Faculty.Fees:Rs. 2000/-
Date:_____Cash or 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. Mother's Name:
- (In Block Letters)
3. Father / Husband's Name:
- (In Block Letters)
4. Postal Address :
- Post Distt. State
5. Date of Birth: Nationality:
- Mob.: E-mail:
6. Name of Institute :
7. 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 ₹.: 2000/- as Enrolment Fees Dated:_____ Cash or Transfer UBI Bank :_____ 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 candidate 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: ₹.: 2000/- Cash or Transfer UBI Bank.

Note : Incomplete Form Will Be Rejected Without Any Notice.

Secretary



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An ISO 9001-2008 Certified Institution

PARA MEDICAL FACULTY OF INDIA®

भारतीय चिकित्सा सहायक परिषद

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Registration Form

Date : _____

To,
Registrar/Secretary
Para Medical Faculty Of India
National ADMN. Office : Lucknow (UP) India

Paste a recent
photo here and
attach another
one.

Sir,
I, hereby, request that my name and other particulars as mentioned below to be entered in the record registered of Para Medical Faculty of India. I enclose Registration Fees ₹ 3500 /- Date : _____ Cash / Bank D.D. No : _____

Date : _____ in Favour of Para medical Faculty of India Lucknow (U.P.) Through Transfer IFSC : UBIN0559571 A/c No. 595701010050160 Union Bank of India lucknow.

1. Name :

(In Block Letters)

2. Mother's Name:

(In Block Letters)

3. Father/Husband's Name :

(In Block Letters)

4. Postal Address : Post

Distt. State

5. Date of Birth: Nationality:

Mob.: E-mail:

6. Name of Institute :

7. Attach Para Medical Qualification's Detail: Passed Year

8. Enclosed Here with :

(i) A copy of my birth certificate/Matriculation/Secondary Certificate/Secondary School Leaving Certificate.

(ii) Attested copies of certificate of the Diploma and Certificate courses as required.

DECLARATION

I am remitting ₹ 3500/- as Registration fee by Cash or Transfer Union Bank of India Dated : _____, I agree with the Constitutional rules and by-laws of the Faculty and respect its ethics and principles. I certify that all the particulars furnished above, are true to the best of my knowledge and belief. I agree that my candidature is liable to be cancelled if my documents or any activities proves misleading and affects the goodwill of the Faculty.

(Signature of the applicant)

FOR OFFICE USE ONLY

Received Application ₹ 3500/- as Registration fee by Cash or Transfer Union Bank of India

Date: _____ Paid

Registrar Com Secretary