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PARA MEDICAL FACULTY OF INDIA® भारतीय चिकित्सा सहायक परिषद

Delhi Office : 3385 Mahindra Park (Ranibagh), Delhi-110034
National ADMN. Office : E-113 Sect- I, L.D.A. Colony, Kanpur Road, Lucknow (U.P.) Pin-226012

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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 ₹ 3000 /- 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.

- Name : (In Block Letters)
- Father/Husband's Name : (In Block Letters)
- Postal Address : Post
 Distt. State
- Date of Birth: Nationality:
Mob.: E-mail:
- Name of Institute :
- Attach Para Medical Qualification's Detail: Passed Year
- 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 ₹ : _____ as Registration fee by Cash/ Bank D.D.No : _____
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 ₹ : _____ Date: _____ Cash / Bank D.D.No _____

Date: _____ Or Transfer UBI Bank : _____ Date: _____ Paid

Registrar Com Secretary