



PARAMEDICAL EDUCATION & TRAINING COUNCIL

Registration Form

To,
The Chairman
Para Medical Education & Training Council

Photo

Application for Registration of Diploma/degree in

1. Name
2. Father Name
3. Mother Name
3. Date of Birth
4. Permanent Address
-
- District State PIN code.....
5. Mobile No. E-mail ID
6. Name of Training Center
7. Month & year passing

Signature of Candidate

Encl -

- Mark sheet of Diploma/Degree Course & Certificate
- 10 and (10+2) Mark sheet & Certificate
- NOC from Institute
- Address Id Proof
- Passport Size Photo

FOR OFFICE USE ONLY

1. Registration Fee
2. Receipt No. Date
3. Registration No