

DECLARATION BY THE APPLICANT

- I have read and understood the rules and regulation of the council and satisfied myself.
- I have furnished necessary information/ document(s) correctly. I shall submit any other document(s) that may be required in the future.
- I understand that my registration is liable to be cancelled by the paramedical Education & Training Council /document(s) submitted herewith is found incorrect or misleading. Further, the council has full authority to take appropriate action which shall be acceptable to me.
- If any information submitted by me is found incorrect, the council has the authority to cancel the Certificate at any time.

Name: -

Father's name: -

Mother's name: -

Police station: - Tahsil:-.....

District: - State:-.....

Date ____/____/____(DD/MM/YYYY)

Signature of a Candidate (In Running Writing)