



PARAMEDICAL EDUCATION & TRAINING COUNCIL

7/1, NEAR LAXMI NAGAR METRO STATION GATE NO 1, VIKASHMARG DELHI-92
Web: - www.paramedci.com Mail: - info@paramedci.com

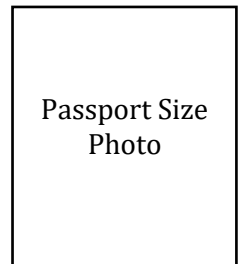
ENROLLMENT FORM - 20 - 20

Date: -

Day: -

Course Applied For: -

1. Candidate Name
2. S/o, D/o, W/o
3. Mother's Name
4. Date of Birth
5. Gender
6. Nationality
7. Address
8. Contact No.
9. Category Gen, OBC, SC, ST, Other (Specify)
10. Email Id
11. Qualification:-



Passport Size
Photo

S. No.	Examination	Board/Uni.	Year of Passing	Mark Obt.	% of Marks

12. **Declaration:** - I have read and understood the rules and regulations of the Para Medical education foundation and I agree with that I fulfill the eligibility condition as laid down in the prospectus. All the information furnished above by me is correct. In case anything is wrong I should be held responsible for that I shall submit any other document(s) that may be required by the foundation in Future.



Institute Seal/Sign



Signature of Candidate