

PARAMEDICAL EDUCATION & TRAINING COUNCIL

EXAMINATION FORM

Session	Date					
All entries must be filled by the candidate himself/herself in CAPITAL letter. Put $$ for Yes or X for No and NA where Not applicable in the box. The Examination Form Contain Two Pages						
ENROLMENT No. (Leave Blank)	Paste the Recent passport size					
ROLL No. (Leave Blank)	photograph Attach 4 photographs					
Course Applied For						
(As entered in Secondary/Senior Secondary Certificate) Signature of Candidate						
Name of Candidate						
Father's Name						
Mother's Name						
Date of Birth Gender Male Female						
PERMANENT ADDRESS						
City State	Ph.No					
Mo E-mail						
Name Of Collage						
Nationality Indian Other (Specify Country name)						
Category General OBC SC ST						
Details of previous Examination Passed from other Board/University (Enclose Duly Attested/Self Attested Photocopy of a previous year passed Mark Sheet)						
S.Name of ExamRoll No.Year ofMarkNo.PassingObtained	Name of Total Percentage					

Declaration by the Applicant

I have read and understood the rules and regulation of the council and satisfied myself that I fulfill the eligibility condition as laid down in the prospectus. 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 candidature is liable to be cancelled by the paramedical education foundation /document(s) submitted herewith is found incorrect or misleading. Further, the foundation has full authority to take appropriate action which shall be acceptable to me. In further also, if any information submitted by me is found incorrect, the foundation has the authority to cancel the Certificate at any time.

Date____/____(DD/MM/YY)

Signature of a Candidate (In Running Writing)

Certified that the document produced and verified by the student, as given above have been re-verified and stamped by the undersigned and are correct. I am responsible for any discrepancies in the details given above.

Certified that the candidate has signed the form in my presence.

Date___/___(DD/MM/YY)

Signature of Head with Seal

Instructions

- 1. Admission form found incomplete in any circumstances cannot be accepted.
- 2. Suppression of Furnishing of any false information by a candidate will lead to immediate cancellation of his/her form.
- 3. There is no refund any circumstances.

Name of Candidates	
Father's Name	Affix recent
Mother's Name	Passport size
Postal Address	photo
Pin Code	
Phone No.	

Signature of a Candidate