



PARAMEDICAL EDUCATION & TRAINING COUNCIL

Renewal Form

To

The Chairman
Para Medical Education & Training council

Application for Renewal of Reg/Good standing/ ID card in

Passport
Size
Photo

1. Name

2. Father 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

8 Registration No. & Date

.....

Signature of Candidate

Encl -

- 1- An attested copy of the First Registration/Good Standing/ Id card
- 2- One Id proof / correspondence address / recent passport size colour photo
- 3- Payment slip or Transaction id

FOR OFFICE USE ONLY

1. Renewal Fee

2. Receipt No. Date

3. Registration No