



National Seminar for Paramedical Science

Registration Form

To

The Registrar
PARAMEDICAL BOARD OF INDIA, LUCKNOW
UTTAR PRADESH

Application For Registration of Diploma in

1. Name
2. Father Name
3. Mother Name
4. D.O.B.
5. Course Duration
6. Training Period(mm/yyyy) From...../..... To...../.....
7. Permanent Address
- District State PIN code
8. Mobile No. E-mail ID
9. Name of Training Center
10. Month & Year of Passing
11. Final Year Roll No.

Affix
Passport
Size Photo
here

Signature of Candidate

Enclosure -

- 1- Mark sheet of Training (1st & 2nd Year)
- 2- 10 and (10+2) Mark sheet & Certificate
- 3- NOC from Institute
- 4- Adhar Card

FOR OFFICE USE ONLY

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