



# PARA MEDICAL BOARD OF INDIA

Administrative Office: Manapur, Patti- Pratapgarh (U.P.) 230138

State U.P. Office : 2/355 Vineet Khand Gomati Nagar Lucknow

Delhi Office : Alipur-Mohammadpur Delhi-36

E-mail:- paramedicalboard@rediffmail.com

## Admission Form

Course :- .....

Name Of Candidate :-.....

Date Of Birth:- .../...../.....

Father's Name :-.....

Mother's Name :-.....

Gender:-..... Category:-..... Married Status :-.....

Contact number :- ..... E-mail Id:-.....

Address:-.....

.....

Educational Qualification :-

Sr.No.	Exam Passed	Year	Board/University	Max.mark	Mark obt.

### DECLARATION BY THE APPLICANT:-

I.....s/o,d/o,w/o.....declare that the entries made by me in the Application Form are complete and true to the best of my knowledge and based on records. I, hereby, undertake to present the original documents immediately upon demand by the concerned authorities of the Board.

Parents/Guardians  
Sign.

.....

Candidate Sign.

.....

Photo of Candidate

