



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-

E-mail:- paramedicalboard@rediffmail.com

Registration Form

Year-.....

Name Of Candidate :-.....

Photo of Candidate

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

Father's Name :-.....

Mother's Name :-.....

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

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

Address:-.....

Qualification(Naturopathy or Paramedical):-.....

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 on the best of my knowledge and based on records.

Parents/Guardians
Sign.

Candidate Sign.

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