

PARAMEDICAL EDUCATION & TRAINING COUNCIL

Course Applied For:	Date:		ENRULLMENT FO	<u> </u>		
1. Candidate Name 2. S/o, D/o, W/o 3. Mother's Name 4. Date of Birth 5. Gender 6. Nationality 7. Address 8. Contact No. 9. Category Gen, OBC, SC, ST, Other (Specify) 10. Email Id 11. Qualification:- S. No. Examination Board/Uni. Year of Passing Mark Obt. % of Marks 12. Declaration: - I have read and understood the rules and regulations of the Para Medical education foundation and I agree with that I fulfill the eligibility condition as laid down in the prospectus. All the					Day:	
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information furnished above by me is correct. In case anything is wrong I should be held responsible for		_	_			_
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that I shall submit any other document(s) that may be required by the foundation in Future.	that I shall s	submit any other do	ocument(s) that may be	required by the four	ndation in Futu	ıre.
Signature of Candidate					C: .	
Institute Seal/Sign	Salat I Shah S				Signature	e of Candidate

CH. NO.157/1, NEAR LAXMI NAGAR METRO STATION GATE NO 1, VIKASHMARG DELHI-92

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