



**J&K STATE PARA-MEDICAL COUNCIL
APPLICATION FORM FOR EXAMINATION
MAIN FORM**

Affix here recent
Passport Size Photo
attested by the
Principal/Head of
Institution

(Candidates are requested to fill-in the form in their own handwriting.)

Registration No.							
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Roll No							
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To be allotted by the Council

Course		Session	
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1.	Capacity in which Appearing (Tick the Relevant Box)	
	Regular	Failure

2.	Name(In Capital Letters with One Blank Space I, II & III Names)	

3.	Fathers Name(In Capital Letters with One Blank Space I, II & III Names)	

4.	Address in Correspondence (In Capital Letters with One Blank Space I, II & III Names)	

5.	Contact/Mobile No:-	

6.	Course	
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7.	Details Of Last Examination Passed:					
	Name of the Examination	Roll No	Year Of Exam/Session	Name of Institute	Result	Marks Obtained
	Note:- Students are Advised to Attach Duly attested Photocopy of 10 th Marks Card/D.O.B in FMPHW/MMPHW and 10+2 Marks Card/D.O.B in all other Streams.					

8.	For Failure Candidates (Details of Chances):					
	Attempt	Roll No	Session	Year Of Exam	Course in which Failed	Marks Obtained

9.	Training Course Selected For.	
10.	Date of Notification for Applying for Training.	
11.	Date of Selection.	
12.	Date Of Admission.	
13.	Age as on 1 st January of the Year when Applied for Training.	
14.	Name Of the AMT School Where Training received.	

15.	Departmental Candidates.	
16.	To be filled in by the Candidate Sponsored for Training by the Department in addition to the Columns 1 to of this application form.	
17.	Name Of the Department Serving	
18.	Date of Joining Service	
19.	Present Designation	
20.	Present Place of Posting	
21.	Special Remarks if Any	

Note: - Acceptance of the Application Form for appearing in the Examination is subject to the eligibility certificate of the Principal I/C of the training School Concerned and the Production Attested Copies of the Certificate in respect of the Age Proof and Academic Qualification with admission Form. The form should be routed through the Registrar J&K State Para-Medical Council of the Respective region by the Principal A.M.T School Concerned. The Particulars mentioned above are correct.

Dated :-	Signature Of Student
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ELIGIBILITY CERTIFICATE OF THE PRINCIPAL I/C TRAINING SCHOOL

Certified that the Candidate is:-

1. Within the age of Prescribed under the Rules of J&K State Para-Medical Council/ Standing Govt. Orders for Training of Ancillary Medical Personnel.
2. Stands selected for the Training by the Competent Authority nominated by the Government/Council.
3. Has undergone the Training for the Period Prescribed under Rules.
4. Is holding academic qualification prescribed under rules/Standing Government Order?
5. Has been Charged Prescribed Fee of **Rs- 1000/-** in shape of Bank Draft No:- _____
Date:- _____ on the name of President J&K State Para-Medical Council for Srinagar and Vice-President J&K State Para-Medical Council Jammu for Jammu Candidates respectively.
6. Is eligible for appearing in the J&K SPMC Examination Class..... Part.....
Session.....
7. Certified that the entries made by the Candidate have been verified and found Correct.

Principal I/C Training School with Seal and
Signature

No:-.....

Date:-.....

Forwarded and recommended for appearing in the J&K SPMC Examination Session.....
Class.....Part..... on the basis of eligibility Certificate
Recorded above by the Principal I/C Training School which has been verified and found in order.

Registrar
J&K State Para-Medical Council

For office use			
Examination Verification		Registration Verification	
Dealing Assistant	HA/S.O	Dealing Assistant	HA/S.O



J&K STATE PARA-MEDICAL COUNCIL SRINAGAR
APPLICATION FORM FOR EXAMINATION
ATTENDANCE SHEET

Session	Year:-
Name of the candidate:-	
Name of the Centre :	
Course/ Stream in which to be Examined:	

Affix here recent
Passport size
photograph.

(Attested by the Head
of Inst. with Seal)

Full Signature of Candidate:-

To be filled by the Candidate on the Date of Examination:-

Date of Examination	Subject	Answer Book No.	Signature Of Candidate

I certify that the Photograph is the resemblance of the Candidate and he/she has put down his/her Signature on this attendance sheet in my presence.

Signature Of Asstt. Suptt.

Signature of Suptt.

Exam Centre:-.....

Note:- This form should be returned to the J&K SPMC by the Superintendent immediately after the Termination of Examination.

Roll No.					
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J&K STATE PARA-MEDICAL COUNCIL SRINAGAR
APPLICATION FORM FOR EXAMINATION
ADMIT CARD

Session	Year
Name:-	
Son/Daughter of:-	
Name of the Institute:-	
Signature of the Candidate:-	

Affix here recent
Passport Size
Photograph

Please admit the Candidate to the _____ Examination for the Course mentioned in the Statement to be held on the dates as given in the date sheet.

Attested by the Head of Inst.
(with Seal)

Registrar
(J&K State Para-Medical Council)

I certify that the candidate has put down his/her signature in my presence and the photograph pasted above is his/her true resemblance.

Signature of Principal/Head of the Inst
with Seal.

Note:- (i) Candidate must appear in the Examination at the centre allotted to him/her. 2) Candidate shall be admitted to the Examination Hall only on Production of this Admit card (3) Candidate should not carry any material relevant or Irrelevant to the examination hall/Centre.