

OCCUPATION OF FATHER_____

PERMANENT HOME ADDRESS:-_____

VILLAGE/MOHALLA/LANE:-_____

TOWN:-_____TEHSIL_____

DISTRICT:-_____STATE:-_____

PIN CODE:-_____MOBILE:-_____

Email Address:-_____

Category:-

A) General B) SC, ST, RBA ,Physically Challenged Others:-_____

ACADEMIC RECORD

| NAME OF EXAMINATION | YEAR OF PASSING | MARKS OBTAINED | SUBJECT | NAME OF UNIVERSITY/BOARD |
|---------------------|-----------------|----------------|---------|--------------------------|
| 10TH CLASS | | | | |
| Class (10+ 2) | | | | |

STUDENTS DECLARATION

I UNDERTAKE TO OBEY ALL THE RULES AND REGULATION OF THE J&K STATE PARA-MEDICAL COUNCIL AND THE INSTRUCTIONS THAT MAY BE ISSUED FROM TIME TO TIME BY THE J&K STATE PARA-MEDICAL COUNCIL. ANY VIOLATION OF RULES ON MY PART SHALL RENDER ME LIABLE FOR PUNISHMENT.

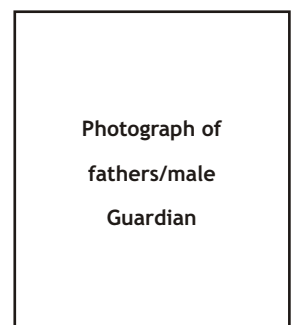
SIGNATURE OF PARENT

SIGNATURE OF CANDIDATE

NAME:-_____

Signature Of Parent/Guardian.....

Address with Contact No.....



NOTE:-

Form to be accompanied by Copies of academic Certificates(Matriculation, 10+2 ,PRC and Category Certificates if any) and admission Fee of Rs. 1000/-(One Thousand only) through Bank Draft Payable to President, J&K Para-Medical Council, GMC Srinagar, J&K Bank Ltd. GMC Srinagar.
The Form should be submitted within One month from the Date of Admission.

Certified:-

1. That the student has been admitted on the basis of Selection by the competent authority
2. That in case of AMT School Kashmir/Jammu the nominated students profile be forwarded strictly in accordance with the Govt. order governing the nomination.
3. That the verification report of original certificate of the Candidate (Matriculation, 10+2, PRC and Category Certificates if any) from the concerned authorities be appended for record and reference.
4. That these admissions have been made strictly in accordance with the Rules and Regulations governing the Para-Medical Courses by time to time and lately by J&K SPMC.
5. Registration Fee of Rs. _____ Vide Bank Draft No:- _____

Dated:- _____

No:- _____

Date:- _____

Signature of Principal
A M T School with Seal.



**J&K STATE PARA-MEDICAL COUNCIL
REGISTRATION CARD**

| | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|
| REG. NO ALLOTTED | | | | | | | | | |
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| | | | | |
|------|--|--|--|--|
| YEAR | | | | |
|------|--|--|--|--|

Name:- _____

Son/Daughter of:- _____

Name of the Institute:- _____

Affix here recent
Passport Size
Photograph with
D.O.B.

SIG.DEALING ASSITANT

Registrar
(J&K State Para-Medical Council)