



STATE PARAMEDICAL COUNCIL DELHI

Registration From

To

The Registrar
STATE PARAMEDICAL COUNCIL DELHI -
110059

Application For Registration of Diploma

1. Name

2. Father Name

3. Mother Name

4. Date of Birth

5. Course Duration

6. Training Period (mm/yyyy) From To.....

7. Permanent Address

DistrictStatePIN Code

8. Mobile No.E-mail ID

9. Name of Training Center

10. Final Year Roll No.

Affix
Passport
size photo
here

Signature of Candidate

Enclosure

- 1- Mark Sheet of Training (1st & 2nd Year)
- 2- Diploma Certificate
- 3- 10 and (10+2) Mark sheet & Certificate
- 4- NOC from Institute
- 5- Adhar Card

FOR OFFICE USE ONLY

1. Registration Fee

2. Receipt No.Date.....

3. Registration No