STATE PARAMEDICAL COUNCIL LUCKNOW

Registration From

To

The Registrar
STATE PARAMEDICAL COUNCIL LUCKNOW
UTTAR PRADESH

Afflix Passport size photo here

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 .....

District .....State .....PIN Code .....

8. Mobile No. .....E-mail ID .....
9. Name of Training Center .....
10. Final Year Roll No. .....

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 .....