

GOVERNMENT OF KARNATAKA
DIRECTORATE OF MEDICAL EDUCATION
PARA MEDICAL BOARD

Office of the Chairman, Para Medical Board
"Lakshmi Complex", 1st Floor
Opp.Vani Vilas Hospital, Fort, Bangalore-560 002
Ph. : 91-80-2670 2159, 080-2670 5773
Fax : 080-2670 5410
Member Secretary Telefax : 080-2670 3922
E-mail : paramedicalboard97@gmail.com
website : www.pmbkarnatak.org



No: PMB/ 99 /16-17

Date: 09.12.2016

NOTIFICATION

Sub: Announcement of Results of Annual Examinations held in
October-2016 - Provisional Marks list.

Ref: Notification No.PMB/ 99 /16-17.

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A copy of provisional results with marks of **Annual Examinations held in the month of October-2016** announced in the board website. **The Institute authorities are instructed to download their result copy and display at their notice board without fail.** The hard copy of provisional result sheet will be sent to college by post.

Withheld results may be clarified from the Board by providing necessary documents.

Corrections, if any, in the provisional marks list / results should be intimated to the Board on or before **16.12.2016** with supporting documents.

All the grievances regarding the result should be clarified on or before 16.12.2016.

The candidates who desire to apply for **Re-totaling, Photocopies (Xerox) of answer scripts and Re-valuation** are here by instructed to apply on or before **22.12.2016** without waiting for the Xerox copies with a fee of **Rs. 200, Rs. 300/- and Rs.1,000/-** per paper respectively payable through **online**.

Member Secretary

To
The Principal,
All Govt. Medical Colleges, Govt. Dental College,
All Affiliated Pvt. Para Medical Institution/Colleges

Important Note:

- 1. The Applications received after the last dates specified will not be considered.**
- 2. There is no separate date given for those who apply for Xerox copies of answer scripts.**

APPLICATION FOR RETOTALING

NAME		
REGISTER NO.		
NAME OF THE COLLEGE / INSTITUTION		
COURSE		
Year	Certificate <input type="checkbox"/> I Diploma <input type="checkbox"/> II Diploma <input type="checkbox"/>	
SUBJECT / SUBJECTS APPLIED	<u>Subject</u>	<u>Q.P.Code</u>
Transaction No		

ENCLOSURE:

1. Provisional Result Sheet.
2. Online payment challen receipt.

SIGNATURE OF THE PRINCIPAL
WITH SEAL

SIGNATURE OF THE CANDIDATE

DATE:

APPLICATION FOR XEROX ANSWER SCRIPTS

NAME		
REGISTER NO.		
NAME OF THE COLLEGE / INSTITUTION		
COURSE		
Year	Certificate <input type="checkbox"/> I Diploma <input type="checkbox"/> II Diploma <input type="checkbox"/>	
SUBJECT / SUBJECTS APPLIED	<u>Subject</u>	<u>Q.P.Code</u>
Transaction No		

ENCLOSURE:

1. Provisional Result Sheet.
2. Online payment challen receipt.

SIGNATURE OF THE PRINCIPAL
WITH SEAL

SIGNATURE OF THE CANDIDATE

DATE:

APPLICATION FOR REVALUATION

NAME		
REGISTER NO.		
NAME OF THE COLLEGE / INSTITUTION		
COURSE		
Year	Certificate <input type="checkbox"/> I Diploma <input type="checkbox"/> II Diploma <input type="checkbox"/>	
SUBJECT / SUBJECTS APPLIED	<u>Subject</u>	<u>Q.P.Code</u>
Transaction No		

ENCLOSURE:

1. Provisional Result Sheet.
2. Online payment challen receipt.

SIGNATURE OF THE PRINCIPAL
WITH SEAL

SIGNATURE OF THE CANDIDATE

DATE: