



**KARNATAKA NURSING & PARAMEDICAL SCIENCES EDUCATION (REGULATION) AUTHORITY**

## **Para Medical Board**

# 40/20A, Lakshmi Complex, First Floor, Opp. Vani Vilas Hospital, Fort, Bengaluru-560002

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### **UNDERTAKING**

#### **To Participate in PMB Digital Valuation**

Name of the Faculty: \_\_\_\_\_

Mobile Number:\* \_\_\_\_\_ Email Id:\* \_\_\_\_\_

Qualification: \_\_\_\_\_

Designation: \_\_\_\_\_

Year of Teaching Experience: \_\_\_\_\_

Teaching Subject: \_\_\_\_\_

**Declaration:** I am willing to participate in PMB digital valuation. If not, PMB may initiate appropriate action against me. I am not working in any other Para Medical Colleges in Karnataka.

**Signature of the Faculty**

**Signature of the Principal with seal**

**Note: \* Compulsory**