



KARNATAKA NURSING & PARAMEDICAL SCIENCES EDUCATION (REGULATION) AUTHORITY
Para Medical Board

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EXAMINATION CENTRE REMUNERATION FOR PARA MEDICAL BOARD
ANNUAL / SUPPLEMENTARY EXAMINATION 20 THEORY EXAMINATION

Please Submit one bill for the whole Examination

Dates of Examination From: _____ **to** _____

Name of the Examination center		
Particulars	Amount	Signature
EXAM CENTRE REMUNERATION	5000.00	

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