

ಅರೆ ವೈದ್ಯಕೀಯ ಮಂಡಳಿ, ಬೆಂಗಳೂರು

PARA MEDICAL BOARD

Lakshmi Complex, First Floor # 5, New No.40/20 A, Opp Vani Vilas Hospital, Bengaluru-560 002.paramedicalboard97@gmail.com

Ph: 080-26702159/3922 Fax : 080-26705410,

Website : www.pmbkarnataka.org

APPLICATION FORM: ANNUAL EXAMINATION 2016

Regular	Repeater

(Application should be filled by the Candidate only)

Affix Latest
Uniform
Photo Attested by
the Principal

NAME OF THE INSTITUTION AND ADDRESS SEAL	
Name of the Course	
REGISTER NUMBER	
NAME OF THE CANDIDATE (As per Xth Std. Marks Card)	
FATHER'S NAME (As per Xth Std. Marks Card or Certificate)	
AGE	<input type="text"/> YEARS SEX: <input type="checkbox"/> M <input type="checkbox"/> F YEAR OF PREVIOUS APPEARANCE: <input type="text"/>

Certificate Course		1nd Year Diploma		Final Year Diploma	
SUBJECT	Q.P. CODE	SUBJECT	Q.P. CODE	SUBJECT	Q.P. CODE

EXAMINATION FEES: Rs.900/- for fresh Candidate
For Repeaters: 1. Rs.300/- for 1 Subject. 2. Rs.500/- for 2 Subject. 3. Rs.900/- for more then 2 Subject

Enclosures:

1. SSLC and PUC Xerox copy of Marks Card (for Fresher's only)
2. One Uniform Photo to be Enclosed (Name of the Student should be written on the reverse side of the photo)
3. Xerox Copy of All Previous Marks Card
4. If any Change of Course/ College, enclose Xerox copy of the permission given by the PARA MEDICAL BOARD, BENGALURU

Date: DD NO Date

Signature of the Candidate

CERTIFICATE

(To be filled in by the Principal of the Para Medical Institute)

1. Percentage of Attendance in Theory 2. Percentage of Attendance in Practical's
 3. Has the student passed in the Internal Assessment? Y N 4. Has the student Eligible to take Exam: Y N

(Information furnished is checked and found correct)

Date: **Signature of the Principal with Institution Seal**

FOR OFFICE USE ONLY

Application Verified by: **ELIGIBLE / NOT ELIGIBLE**

Remarks: