



Directorate of Medical education

## Para Medical Board

Lakshmi Complex, 1st Floor, No.5, New No.40/20A,  
Opp. Vani Vilas Hospital, Fort, Bangalore - 560 002.

Affix Passport  
size and  
signature by  
Principal

### Diploma Certificate Application form

1. Name of the Candidate (in CAPITAL LETTERS as per SSLC Marks Card)	
2. Father's Name	
3. Course Name	
4. Register Number (Issued by the Board)	
4. College Name and Address	
5. Correct Postal Address to be furnished for sending Certificate by RPAD & Phone No	
6. Fees Details	Amount:                      DD NO:                      Date:
7. Year of Study	From: _____ To: _____

I certify that the above mentioned details are found correct

**Signature of Students**

**Principal Signature with Seal**

**Note:**

1. Enclose Xerox copies of all Diploma Marks Cards and SSLC/PUC Marks Cards with **attested by the gazette officer.**
2. **Affix Photo and Enclose Two passport size photographs with Dress code.**
3. Furnish DD for Rs.250/- within due Date after the last date Rs.350/- in favour of **Chairman, Para Medical Board, Bangalore**
4. Application should be sent through the Head of the Institution.
5. Diploma Certificate will be sent by RPAD to the address given by the applicant. If the address is wrong the responsibility rests with the applicant only.
6. **For Duplicate** a) FIR Copy, b) Affidavit c) Copy of Diploma Certificate if Available.

#### **Board's Use Only**

Certificate Number & Date:	
Verified By	
Signed By	

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