



GOVERNMENT OF KARNATAKA

Date: _____

PARA MEDICAL BOARD, BANGALORE

INTERNAL ASSESSMENT MARKS FORMAT FOR I YEAR CERTIFICATE COURSE IN MEDICAL LABORATORY / X-RAY / RECORDS / HEALTH INSPECTOR / DIALYSIS/ O.T TECHNOLOGY/OPHTH./ DM / DH

Name of the Institution : _____

Name of the Course : _____

To be furnished in 1 copy and 1 CD before commencement of written examination

Sl.No.	Reg. No.	Name of the Candidate	Physics	Chemistry	Biology	English
			05 Marks	05 Marks	05 Marks	05 Marks
1						
2						
3						
4						
5						
6						
7						
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Received by On

Verified by the Member Secretary

Signature of the Principal of the Institution
with seal