

APPLICATION FOR RETOTALING

NAME		
REGISTER NO.		
NAME OF THE COLLEGE / INSTITUTION		
COURSE		
Year	Certificate <input type="checkbox"/> I Diploma <input type="checkbox"/> II Diploma <input type="checkbox"/>	
SUBJECT / SUBJECTS APPLIED	<u>Subject</u>	<u>Q.P.Code</u>
NAME OF THE BANK, DD NO.		

ENCLOSURE: DD OF Rs 200/- PER PAPER IN FAVOUR OF **CHAIRMAN
PARA MEDICAL BOARD, BANGALORE.**

SIGNATURE OF THE PRINCIPAL
WITH SEAL

SIGNATURE OF THE CANDIDATE

DATE: