

## APPLICATION FOR REVALUATION

NAME	
REGISTER NO.	
NAME OF THE COLLEGE / INSTITUTION	
COURSE	
SUBJECT / SUBJECTS APPLIED	
NAME OF THE BANK, DD NO. & AMOUNT	

ENCLOSURE: DD OF Rs 1500/- PER PAPER IN FAVOUR OF **CHAIRMAN  
PARA MEDICAL BOARD, BANGALORE.**

SIGNATURE OF THE PRINCIPAL  
WITH SEAL

SIGNATURE OF THE CANDIDATE

DATE: