



**GOVERNMENT OF KARNATAKA  
DIRECTORATE OF MEDICAL EDUCATION  
PARA MEDICAL BOARD, BANGALORE**

**SUPPLEMENTARY EXAMINATION MAY - 2010**

To

**The Member Secretary**

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

Affix  
Passport Size  
Photo

**Important:** a) Read the form carefully before filling it  
b) To be filled-in by the candidate in her / his own handwriting

1. Name in full (in Capital Letters) as indicated in P.U.C./P.D.C./Bi.PC/HSc/ 10+2 / 10th Std. Marks Card			
2. Name of the Father			
3. Date of Birth & Age			
4. Name of the Institution with address			
5. Exam Fee paid by D.D. / Cash	Rs.	D.D. / Cash	
6. Name of the Course & Year			
7. Subjects to be appeared	a. Theory		b. Practicals
8. Date of Previous appearance	Month	Year	Register Number
9. No. of Chances / Attempts availed			
10. Enclose the copy of the all Marks Card of the Previous Examinations			
Date		Signature of the Candidate	

(College Office Use Only) <b>CERTIFICATE</b> (To be filled by the concerned Institution)	
1. Character and Conduct	
2. Attendance	Satisfactory / Not Satisfactory

**Note: The Principal should obtain attendance extract from the respective departments and then certify**

Date:

**Seal & Signature of the Principal  
of the Institution**