

PARA MEDICAL BOARD

APPLICATION FOR ISSUE OF DIPLOMA CERTIFICATE

(Diploma Certificate will be sent directly to the Candidate by Reg. Post with Ack. Due)
FOR THE YEAR 2009 -2010

DATE:

Name (In Block letters)	
SEX	
Name of the father (In Block letters)	
Course Name with Register No.	
Correct Postal Address to be furnished for sending Certificate by RPAD	
Name of the Institution and Address	
Year of Study	From _____ to _____
Internship period (For DPT candidates only)	
D.D. No./ Date and Amount	

Note:

1. Enclose Xerox copies of all Marks Cards.
2. Enclose Xerox copy of SSLC/PUC Marks Card.
3. Enclose two passport size photographs with Dress code.
4. Furnish DD for Rs.250/- if applicable before **30.04.2010** after this date fee of Rs.350/- in favour of Chairman, Para Medical Board, Bangalore
5. Application should be sent through the Head of the Institution.
6. 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.

SIGNATURE OF THE CANDIDATE

**SIGNATURE OF THE PRINCIPAL
WITH SEAL**