



PARA MEDICAL COUNCIL (PB.) MOHALI

Head Office : Opp. E.S.I. Hospital Industrial Area, S.C.O. No. 37, Phase-7, Mohali.
www.paramedicalcouncil.com

Application Form For Admission of MPHW(Male) 2010-11

To,

The Registrar
Para Medical Council (Pb.)
Mohali

Affix Recent
Passport Size
Photo

I request that I may be enrolled as a student of the Para Medical Council (Pb.) Mohali. I am giving below my particulars

1. Name of Programme/Course:
MPHW (Male)

2. Name in Full (In Block Letter) _____

3. Father's Name _____

4. Mother's Name _____

5. Permanent Postal Address (In Full) _____

6. Name of Last Qualification (As per Eligibility rules) _____

7. Nationality Indian

Other

Date of Birth

8. Social Status* Ex-Serviceman

War Widow

11. Territory Code Rural Urban

Not applicable

9. Marital Status* Married

Unmarried

10. Category General

SC

ST OBC PH

* Cross (x) the appropriate box only.

Enclosures

Photocopy of Mark Sheet duly attested by Gazatted Officer and Programme Co-ordinator.

1. Mark Sheet of last Qualifying exam passed for verification of Minimum Eligibility.

2. High School Certificate (10th Level) or mark sheet for date of birth verification.

DECLARATION :

I hereby that I have read the council website www.paramedicalcouncil.com and understood the condition of the eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. in the event of any information being found incorrect or misleading, my candidate shall be liable to cancellation by the Council at any time and I shall no be entitled to refund of any fee paid by me to the Para Medical Council (Pb.) Mohali.

Sign. of the Candidate