

PARAMEDICAL COUNCIL (PUNJAB) MOHALI

Application for Registration of Para Medical Personnels

1. Name & Address of _____
The Application _____

Landline No. _____

Mob. No. _____

E-mail _____

Fax _____

2. Address to which _____
Communication _____
are to be sent _____

3. Date of Birth _____

4. Nationality _____

5. Sex _____

6. Father's Name _____

7. Official Address _____

8. Educational Qualification _____

9. Experience _____

10. Details of Remittance of Registration Fee

Date and No. of receipt or _____

D.D No.& Date _____

Instructions

1. Registration will not be allowed if the diploma course were issued form institution not affiliated by the Para Medical Council (Pb) Mohali.
2. Registration fee will not be refundable at any reason.