

GOVERNMENT OF KARNATAKA
PARA MEDICAL BOARD
DIRECTORATE OF MEDICAL EDUCATION
ANANDA RAO CIRCLE , BANGALORE-560009

To
The Member-Secretary
Para Medical Board
Directorate of Medical Education,
Ananda Rao Circle, Bangalore – 560 009.

PASS PORT
SIZE PHOTO

Sir/Madam.

I request you to register my name in the Para Medical Board as a student for the First Year Para Medical Course. I will also abide by the rules and regulations of the Para Medical Board. My particulars are given below.

1	Name of the Candidate (In Block Letters)		
2	Name of the Father/guardian		
3	Date of Birth, Age and Sex		
4	Nationality and religion		
5	Whether belongs SC/ST	Sub Caste	
6	Qualification	With the year of passing	
7	Marks secured in qualifying Examination (Attested copy to be enclosed)		
8	Address	Permanent	
		Present	
9	Name of the Institution to which student is admitted		
10	Date of admission to the Institution.		
11	Name of the Course		
12	Whether Reg Fee paid D.D. No & Date.		

Signature of the Principal
With Seal

Signature of the Candidate

OFFICE PURPOSE

The above student has been registered in the Board as he/she is permitted to take up the above said course and to attend the Examination.

Member-Secretary
Para Medical Board.