



JAMMU & KASHMIR STATE PARAMEDICAL COUNCIL

APPLICATION FOR ISSUE OF REGISTRATION CERTIFICATE

NOTE :- WRITE IN BLOCK LETTERS

REGISTRATION FOR:

- LABORATORY TECHNICIAN DENTAL ASSISTANT X-RAY TECHN. ECG TECHN.
- ISM PHARMACIST OPTH ASSISTANT OT-TECHN.
- ANESTHESIA ASSISTANT SANITARY INSPECTOR ANY OTHER (SPECIFY)

Applicant Signature

PERSONAL DETAILS

1. Name (in Capital Letters)
2. Father's Name
3. Mother's Name
4. Husband's Name
5. Gender Female Male 6. Marital Status Single Married
7. Date of Birth 8. Nationality.....
9. E-mail Id..... 10. Mobile.....
11. Adhaar Card No.....
12. Present Address
-
13. Permanent Address
-
14. General Qualification 10th 12th Other
15. Name & Address of the Institution where Paramedical Education was obtained.
.....
16. Name of the Course
17. Date of Joining of the course Date of Completion of the course
.....

Signature of Applicant

18. Name & Address of the Examining Body.....

19. Type of Registration - First Registration Renewal of Registration

20. Name of the Paramedical Registration Council with which registered already,

(If any) Quote Registration No. also

.....

I hereby undertake that the information furnished by me herein above are true and correct to the best of my knowledge and belief and nothing has been concealed or suppressed herein. In case my information as given above found Incorrect, false or misleading at any time. I shall be held responsible for the same and the authorities shall have right to take any action against me under law.

Place:

Yours Faithfully

Date:

Encls:

Signature of the Applicant.

DOCUMENTS TO BE ATTACHED (SELF-ATTESTED)

- 1. 10th Diploma Certificate / D.O.B. Certificate.
- 2. 12th Class Diploma Certificate
- 3. Paramedical Diploma Certificate
- 4. State Subject Certificate.
- 5. Adhar Card Certificate
- 6. Passport Size Photograph (4 Nos.)
- 7. File Cover with Tag.

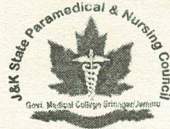
PAY-IN SLIPS

President / vice-President J&K State Paramedical Council - Rs. 500 as Verification Fee
 President / Vice-President J&K State Paramedical Council - Rs. 700 as Registration Fee

FOR OFFICE USE ONLY

- ◆ Application Checked by.....
- ◆ Registration fee paid Vide receipt No..... Dated/...../.....
- ◆ Registration Number Allotted
- ◆ Date..... Place.....

Registrar
 J&K State Paramedical Council
 Government Medical College
 Srinagar / Jammu

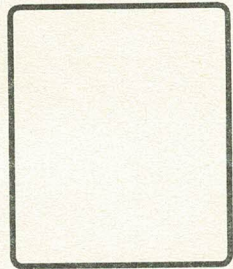


JAMMU & KASHMIR STATE PARAMEDICAL COUNCIL

GOVT. MEDICAL COLLEGE SRINAGAR / JAMMU

VERIFICATION CERTIFICATE

TO WHOM IT MAY CONCERN



Name of the Candidate:

Father's Name

Date of Birth :

It is certificate that above mentioned student has appeared in
 Course, Final Year
 Examination conducted by Jammu and Kashmir State Paramedical Council
 held in The Marks Card has been
 issued in his / her favour vide serial number

Bearing Roll No..... He / She has successfully
 completed the training course and has been issued Diploma Certificate
 bearing Serial Number

VERIFIED BY:

Name.....

Signature:.....

Controller of Examinations
 J&K State Paramedical Council
 Government Medical College
 Srinagar/Jammu