



JAMMU & KASHMIR STATE PARAMEDICAL COUNCIL

APPLICATION FOR ISSUE OF REGISTRATION CERTIFICATE

NOTE: - WRITE IN BLOCK LETTERS

REGISTRATION FORM FOR THE CANDIDATES QUALIFIED FROM OUTSIDE THE STATE **OF JAMMU AND KASHMIR**

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 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

15 Name & Address of the Institution where Paramedical Education was obtained.

.....

16 Name of the Course

17 Date of Joining of Date of Completion of

the course the course

18 Name & Address of the Examining Body

- 19 Type of Registration required First Registration Renewal of Registration
- 20 Name of the Paramedical Registration Council with which registered already, (If Any).....

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 :-

Signature of the Applicant

Encls:-

DOCUMENTS TO BE ATTACHED

1. Registration Certificate from the Council / Board / University.
2. NOC From State Council / State Medical Faculty/University
3. 10TH / 12TH Class Marks Card and Degree Certificate.
4. Paramedical Provisional Certificate / Marks Card / Diploma / Degree Certificate.
5. State Subject
6. Aadhar Card Certificate
7. Affidavit (attested from First Class Magistrate)
8. Passport Size Photograph (4 No's)
9. Self-attested documents.
10. File Cover With Tag

Paying Slips

President / Vice-President J&K State Paramedical Council – Rs. 500 as Verification Fee(If Applicable)
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. Date/...../.....
- * Registration Number Allotted
- * Date Place

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

VERIFICATION CERTIFICATE

To be Issued by the Head of the Institution

TO WHOM IT MAY CONCERN

Name of the Institute.....

Name of the Candidate: -



Father's Name

Date of Birth:.....

It is certified that above mentioned Student has appeared in
..... Course, Final Year Examination
conducted by.....
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

No :

Date :/...../.....

Seal and Signature of
Verifying Authority