



Pradesh Medical & Para Medical Council

License No. 138629 , CIN NO. - U80900UP2022NPL170935

EXAMINATION FORM

(To be filled in by the applicant himself)

Session.....

Date.....

All entries must be filled by the candidate himself/herself in CAPITAL letter. Put for yes of for No and NA where Not applicable in the box. The Examination Form Contain Two Pages.

ENROLLMENT NO.

ROLL NO.

Course Applied For

Paste the
Recent
passport size
photograph
Attach 4
photographs

(As entered in Secondary/Senior Secondary Certificate)

Signature of candidate

Name of Candidate

Father's Name

Mother's Name

Date of Birth Gender Male Female Transgender

Permanent Address

City _____ State _____ Phone No. _____

Mob. _____ E-mail _____

Name of College

Nationality Indian Other _____ (Specify Country Name)

Category General OBC SC ST

S. No.	Course Name	Subject Code	Subject Name