# State Paramedical Council Delhi

## Registration Form

To

The Registrar
**STATE PARAMEDICAL COUNCIL**
**DELH - 110059**

Af ix Passport size photo here

Application For Registration of .....

1. Name .....
2. Father Name .....
3. Mother Name .....
4. Date of Birth .....
5. Course Duration .....
6. Training Period (mm/yyyy) From ..... To .....
7. Name of Training Centre .....
8. Permanent Address .....

District ..... State .....PIN Code .....

9. Mobile No. ..... E-mail ID .....
10. Final Year Roll No. / Regd. No. / Enrollment No. .....
11. Name of the Institute / University .....

Signature of Candidate

### Enclosures

1. Mark Sheet of Training (1st & 2nd & 3rd & 4th)
2. Degree / Diploma / Certi cate
3. 10 and (10+2) Mark sheet & Certi cate
4. NOC from Institute (Original)
5. Aadhaar Card
6. Af davit
7. Photo - 5
8. Smart Card fee - 250/-

### FOR OFFICE USE ONLY

1. Registration Fee ..... Date .....
2. Receipt No. .....Valid Date .....
3. Registration No. .....