



State Paramedical Council Delhi

Established in Under The Indian T. Act 1882 and Whose Registration No 3380 is
Recognised by The Government of India

(An ISO 29990 : 2010 Certified Council)

ENROLLMENT FORM

Enrollment no.....

Course Applied For

* Session –

1. Candidate Name.....

2. S/o, D/o, W/o Shri.....

3. Mother's Name

4. Date of Birth

5. Sex

6. Nationality

7. Address

.....

8. Contact No.

9. Category Gen, OBC, SC, ST, Other (Specify)

10. Email Id

11. Training Center-

11. Qualification:-

S.No.	Examination	Board/University	Year of Passing	Mark Obtain	% of Marks

Passport Size
Photo

12. **Declaration:** - I have read and understood the rules and regulations of the State Paramedical Council Lucknow and I agree with that. I fulfill the eligibility condition as laid down in the prospectus. All the information furnished above by me is correct. In case anything is wrong I should be held responsible for that. I shall submit any other document(s) that may be required by the council in Future.

Date:-

Signature of Candidate