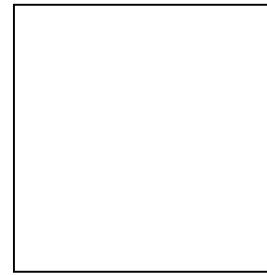


To

The Registrar
Rajasthan Para Medical Council
Jaipur,



Sub:- Application for Registration as Para Medical personnel in
(name of the course).....

1. Name of the Applicant
(In block letters)
2. Father's Name (in block letters)
3. Mother's Name (in block letters)
4. Date of Birth in figures (in Christian era)
5. Date of Birth in words
6. Address to which communications are to be sent

Phone No. with STD code
mobile No.
Email
Fax

7. Permanent Address.
8. Name of state according Bona-fide residence certificate
9. Nationality
10. Sex
11. Official Address of the applicant

12. Educational qualification:-

S.No.	Name of The course	Name &Address of the Institute/Collage	Period of study	Year of passing	Percent age of marks	Name of University/Board under which the course was conducted
1						
2						
3						
4						
5						

13. Experience:-

S. NO.	Name of Hospital/Institute/Collage	Period of work	Total experience	Name address of the Head of institute with phone/mob. No.
1				
2				
3				
4				
5				

14. State the category to which the registration is applied

(See the instruction)

15. State the medium of instruction of training

16. Details of remittance of registration fee

(DD Number and Date/challan number and date/transaction number and ID if paid through online)

signature of applicant with name

DECLARATION

I.....(Name) hereby declare that the above statement are true to the best of my knowledge and belief and the I am free from the disqualification mentioned in the Rajasthan Para-medical Council Act, 2008, rules and regulations. I promise in the event of being registered and in consideration thereof to be bound by and to conform in all respects to the rules, regulation etc. framed by Council form time to time in force.

Place :

Date :

signature of applicant with name