

**Government of Karnataka
Directorate of Medical Education
Para Medical Board**

FORM OF APPLICATION FOR ISSUE OF MIGRATION CERTIFICATE
(To be filled by the applicant. Before filling the form, see instructions below)

1. Name a of the Applicant:.....
2. Father's Name:
3. Year of last examination:
4. Mobile No.....

Name of the Course	Year of Passing	PMB Register No.	All The Year Marks Cards No	Diploma Certificate No

5. Name of the College:.....
6. D.D Number & Date:.....

Signature of the Principal with Seal

Signature of the Applicant

INSTRUCTIONS

- A fee Rs.1000/- should be remitted by way of a Demand Draft drawn in favor of Special Officer, Para Medical Board, Bangalore
- At the time of submission of the application for issue of Migration Certificate the applicant should attach Xerox copy of Marks cards and Diploma Certificate issued by this Para Medical Board (duly attested) for verification.

(To be filled in by the Board)

1. The information furnished by Shri / Smt. / Km.:is correct as per Scholar Register
2. He/She may be issued the Migration Certificate applied for.

Dated.....

Case Worker

Office Superintendent

“Approved”

(Member Secretary)

I hereby declare that the information provided is correct to the best of my knowledge and I have paid all the fees due to the College/Institute. In the event of any information being found incorrect the Certificate shall be liable for cancellation by the Board.

Received the Migration Certificate No. dated.....

Signature of the Applicant