



**GOVERNMENT OF KARNATAKA
DIRECTORATE OF MEDICAL EDUCATION
PARA MEDICAL BOARD, BANGALORE**

ANNUAL EXAMINATION EXAMINATION

To

The Member Secretary

Para Medical Board,
Lakshmi Complex, 1st Floor, No.5, New No.40/20A,
Opp. Vani Vilas Hospital, Fort, Bangalore - 560 002.

Affix
Passport Size
Photo

Important: a) Read the form carefully before filling it
b) To be filled-in by the candidate in her / his own handwriting

1. Name in full (in Capital Letters) as indicated in P.U.C./P.D.C./Bi.PC/HSc/ 10+2 / 10th Std. Marks Card			
2. Name of the Father			
3. Date of Birth & Age			
4. Name of the Institution with address			
5. Exam Fee paid by D.D. / Cash	Rs.	D.D. / Cash	
6. Name of the Course & Year			
7. Subjects to be appeared	a. Theory		b. Practicals
8. Date of Previous appearance	Month	Year	Register Number
9. No. of Chances / Attempts availed			
10. Enclose the copy of the all Marks Card of the Previous Examinations			
Date	Signature of the Candidate		

(College Office Use Only)	CERTIFICATE (To be filled by the concerned Institution)
1. Character and Conduct	
2. Attendance	Satisfactory / Not Satisfactory

Note: The Principal should obtain attendance extract from the respective departments and then certify

Date:

Seal & Signature of the Principal
of the Institution