

# PARA MEDICAL BOARD

## APPLICATION FOR ISSUE OF DIPLOMA CERTIFICATE

DATE:

Name (IN BLOCK LETTERS)	
Name of the father (In Block letters)	
Name of the Course:  Register No.	
<b>Correct Postal Address (Write the Contact Nos. the cell Phone No.)</b>	
Name of the Institution/ College and Full Address	
Period of Study	From _____ to _____ Date/ Month/ Year Date/ Month/ Year
Internship period (For DPT candidates only)	
D.D. No./ Date and Amount	

Note:

1. Enclose the attested Photo/Xerox copies of All Marks Cards..
2. SSLC/Equivalent Examination Marks Card.
3. Two passport size photographs with **Dress code**.
4. Furnish DD for Rs.350/- in favour of Chairman, Para Medical Board, Bangalore
5. Application should be sent through the Head of the Institution/ Submitted directly to the PMB.
6. Photocopy of the '**Photo Identity Card**' (DL/Voter's ID/Passport/ ID Card issued by the college').
7. Diploma Certificate will be sent by RPAD to the Postal address given by the applicant. If the address is wrong the responsibility rests with the applicant only.

**SIGNATURE OF THE CANDIDATE**

**SIGNATURE OF THE PRINCIPAL  
WITH SEAL**