



Central Council of *PARAMEDICAL*  
**ADMISSION FORM**

*SESSION.....*

Course applied for.....

Candidate's Name.....

Father's Name.....

Mother's Name.....

Date of Birth.....Sex.....

Nationality.....Blood Group.....

Present Occupation.....

Permanent Address.....

.....

.....Phone No.....

Communicational Address.....

.....

.....Phone No.....

Academic qualification.....

**I wish Registration of (Course Name).....specify name**

**I hereby declare that the information given above is true and complete to the best of my knowledge & belief, and if any of it is found to be incorrect my admission shall stand cancelled and I shall be liable to such disciplinary action as may be decided by the Council or academy.**

Place.....

.....

Date.....

Signature of the Student

