| Form No | Enrolment No. 2017-18/// |
|---------|--------------------------|
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## RAJASTHAN PARAMEDICAL COUNCIL, JAIPUR

Plot No. -6, Averest Colony, Near Apex Male, Lalkothi, Jaipur P.No. - 0141-2973804, Website - www.rajasthanparamedicalcouncil.org

## APPLICATION FORM FOR ENROLMENT

(SESSION 2017-2018)

COURSE NAME : DIPLOMA IN

Candidates are advised to read instructions given below carefully before filling in this application form. The application filled in by the student, along with requisite fee and certificate must be submitted to respective college.

Recent Photo Attested By Principal

| DITT NAME   | OF THE COLLEG   | E AND ADDRESS |   |
|-------------|-----------------|---------------|---|
| ELLI. NAVIE | CIR THE COLLEGE | E AND ADDRESS | • |

|    |                            |   | College Code                            |
|----|----------------------------|---|---|
|    | designation of the         |   |   |
| 1. | Name of Student (Mr./Ms)   |   |   |
| 2. | Date Of Birth              | 1 | Day Month Year                          |
| 3. | Father's/Guardian's Name   | 4 |   |
| 4. | Mother's Name              | 3 |   |
| 5. | Postal Address & Permanent |   | *************************************** |
|    | Cai Can Danin.             |   |   |
|    |                            |   | PIN                                     |
|    | For all Correspondence     | ; |   |
|    |                            |   |   |
|    | Phone No.                  | 1 | *************************************** |
|    | Mobile No.                 |   |   |

|                             | Mail ID   |                          |                |                                  |           |  |      |                 |   |
|-----------------------------|---|--------------------------|----------------|----------------------------------|-----------|--|------|-----------------|---|
| Catego                      | ry  | GEN _                    | SC ST          | ОВ                               | SC SE     | BC [   | ]    |                 |   |
| Sex                         |   | Male                     | Female         |                                  |           |  |      |                 |   |
| Nation                      | ality   |                          |                |                                  |           |  |      |                 |   |
| Blood                       | Group   | *******                  | ******         |                                  |           |  |      |                 |   |
| (From a control)            | al Fitness Certifica<br>Govt. Hospital/Reg. Hosp<br>capped<br>py of certificate)  |                          |                |                                  |           |  |      |                 |   |
| Educa                       | tional Qualificatio   | ns<br>qualifying exam    | ination passed |                                  | 4)        |  |      |                 | - |
| (1)                         |   |                          |                | . 11 NT                          | , 1       | er which   | nass | ed              |   |
| (ii)                        | Details of passir   | ng the above exam        | ination and R  | oli Nuili                        | bers und  | or willon  | Pass |                 |   |
|                             | (a) Year  |                          | (b) Ro         | ll No                            | i display | Iren   | Puss |                 |   |
|                             | (a) Year  | icate of last attend     | (b) Ro         | ll No                            | iversity: | Iren   |      | Year<br>Passing |   |
| (ii)                        | (a) Year  | icate of last attend     | (b) Ro         | ll No<br>llege/un                | iversity: | o la constantina de la constantina della constan |      | Year            |   |
| (iii) (iii) S.No.           | (a) Year  | Board/Univers            | (b) Ro         | ll No<br>llege/un                | iversity: | o la constantina de la constantina della constan |      | Year            |   |
| (ii) (iii) S.No.            | (a) Year Migration certifications  fication Subject descriptions  | Board/Univers y etails:- | (b) Ro         | ll No<br>llege/un<br>Mar<br>Obt. | iversity: | Percent  | rage | Year            |   |
| (iii)  (iii)  S.No.         | (a) Year Migration certifications  fication Subject descriptions  | Board/Univers y          | (b) Ro         | ll No<br>llege/un<br>Mar<br>Obt. | iversity: | Percent  | rage | Year Passing    |   |
| (iii) (iii) S.No.  12. Qual | (a) Year  Migration certifications  fication Subject documents of the subject documents o | Board/Univers y etails:- | (b) Ro         | ll No<br>llege/un<br>Mar<br>Obt. | iversity: | Percent  | rage | Year Passing    |   |

15. Regarding fee for enrolment (Applicant shall enclose a D.D. of Rs. 500/- (Five Hundread Rupees only) drawn in favour of Registrar. Raiasthan Para Medical Council, payable at Jaipur)

| Registrar, Rajasthan P        | ra Medical Council, payable at Jaipur)                             |        |
|-------------------------------|--|--------|
| * Note · Enrollment           | ee is non-refundable even in any case.                             |        |
| Note: Enforcement             | Signature of Studen  | t      |
|                               | Date:  |        |
| G: 44 Cool Doon/Prin          | cinal  |        |
| Signature with Seal Dean/Prin | npai   |        |
| Encls:                        |  |        |
|                               |  |        |
| 1.                            | 2.   |        |
| 3.                            | 4.   |        |
| 5.                            | 6.   |        |
|                               |  |        |
| DAIAS                         | THAN PARAMEDICAL COUNCIL, JAIPUR                                   |        |
| KAJAS                         |  |        |
|                               | ENROLMENT CERTIFICATE  |        |
|                               | Enrolment No. 2017-18//_   |        |
|                               |  |        |
| N B. All entries exc          | ept that of enrolment number should be filled in by the candidate. |        |
|                               | S/o/Daughter of  |        |
|                               | has been enrolled as a student of Rajasthan Paramedical Co         |        |
|                               | nas been embred as a stadent of regime                             |        |
| at the umber given above.     |  |        |
|                               |  |        |
|                               | Controller of Examin   | nation |
|                               | Rajasthan Paramedical Co<br>Jaipur (Raj.)                          | Gunch  |
| Date :                        |  |        |

## INSTRUCTIONS FOR GUIDANCE OF THE CANDIDATE

1. No candidate shall be admitted to an examination of the Council unless he/she has been enrolled as a student of the council. Candidate who are already enrolled with the Council are not required to get themselves enrolled again.

Candidates passing the qualifying examination from any board or Universities must submit the Migration certificate of the said board, University marks sheet of the qualifying examination along with the application, for enrolment and eligibility. No applications for enrolment and eligibility will be treated as complete in the absence of Migration certificate and original marks sheets (s).