PARAMEDICAL COUNCIL OF INDIA

Membership/Registration Form

Note : - Fill out the form carefully for Registration.

To

The Secretary
Para Medical Council of India

Date : - ...../...../.....

Passport Size Photo

Application for Registration of Diploma/degree in (Course) : .....

1. Name of the applicant: .....
2. Father's Name: ..... Mother's Name: .....
3. Date & Place of Birth: ..... Blood Group: .....
4. Gender : Male ☐ Female ☐ Others ☐
5. Aadhaar Number: .....
6. Are you citizen of India : By Birth ☐ By domicile ☐
7. Permanent Address .....

District ..... State ..... PIN code.....

8. Correspondence Address .....

District ..... State ..... PIN code.....

9. Mobile/Phone ..... E-mail ID .....
10. Details of educational qualifications prior to/other than allied and healthcare qualifications:

Educational Qualification	Name of School/College	Board/ University	Year of Passing
Matriculation or Equivalent			
Senior Secondary or Equivalent			

11. Details of Allied and Healthcare qualification for which registration is applied :

Name of Course	Name of Institute/College	Duration of the Course (with Internship)	Name & address of hospital/Institute of Internship	Date of Admission	Date of Passing Year

Signature of Candidate

FOR OFFICE USE ONLY

1. Registration Fee .....
2. Receipt No. ..... Date .....
3. Registration No .....