

ANNUAL MODE

# PARA MEDICAL BOARD OF INDIA

(Under Act-1956, S-25182, 3718/88 Govt. of India) (CENTRAL BOARD DELHI)

### **BOARD EXAMINATION FORM**

SEMESTER / ANNUAL 20......

Course									Г	Photo Course						e								
Enroll. N	No		office Us								attes	ested by Enroll. No								e Only)				
		Regisi Medi		oard	of l	India	a, De	elhi																
Instruction (i) Particul in boxes Sir, I 1 - Nam	lars to	below v	with on	e lette	er pe	r box lowi	leavir	ng one	e blank	bet														
2- Fath	er's	/ Husl	band	's Na	ame	e (In	Blo	ck L	etter	s)														
	ess	nal Q		catio	on . 						 Ph.	/Fax												
Subject S.No.	(8)	Subj			iicn	the	can	aiaa	те ар	pea	ring	•	Su	bjec	ts									
1	+					+								,										
2	T					$\top$																		
3																								
4																								
5																								
6																								
I declare									fully	und	ersta		at m	y exa										
	. –	_																		Si	gnati	ure o	f App	licant
Principa Certified informat	that	candi	date i									•••••			In:	stituti	ion /	Colle	ege a	and a	ibove	e		

SEMESTER MODE



# PARA MEDICAL BOARD OF INDIA

(Under Act-1956, S-25182, 3718/88 Govt. of India) (CENTRAL BOARD DELHI)

#### **ENROLMENT FROM 20 .....**

ANNU	AL N	10DE																		SE	EME:	STE	R M	ODE
Course									Photo					Course										
Enroll.	No									١,	attes	sted by		Enroll. No										
		(for	Office	Use C	nly)					"	Institution Head/ Principal							(for Office Use Only)						
			strar dical	Boar	d of	India	a, De	elhi		L														
Instructi (i) Particu in boxes	ulars to			-			-	-																
Sir,	giveri	DEIOV	v willi	JIIE IEI	itei pe	i DOX	leavii	ig one	e Diaii	K Det	ween	Сасп	word	OI IIIII	ai Oi ti	ile ila	me. r	uli Su	оръ аі	iu coi	IIIIas	HOL D	e usec	ı.
			mittir ndida						natio	on														
2- Fath	2- Father's / Husband's Name (In Block Letters)																							
		Т	Τ								Π													
												•									•		•	
3- Date of Birth																								
4- Sex Male / Female																								
5- Edu	catio	nal	Qual	ificat	ion :																			
S.No.	No. Name of Examination Board / University						/	Passing Year					Obtain marks						$\perp$	%	·			
1.	High School																							
2.	Inte	er / 1	0+2																					
3.	B. Sc. / B.A.																							
4.	Others																							
6- Full	Add	ress																						
	Ph./Fax/E-mail Pin Code																							
Through the Institution (Institute Name)																								
I solemnly declare that the above mentioned facts are correct to that best of my knowledge and belief.																								
I reque	st yo	u to	enor	ll me	in c	ours	se					O	f you	ır bo	ard.									
Enclosed:  1. High School / Metric Mark Sheet / certificate (two attest photocopies)  2. Intermediate / 10+2 Mark Sheet / certificate (two attest photocopies)  3. Character Certificate.  4. One extra photograph.  Principal Remarks:																								
Certified	Certified that candidate is bonafide student of																							



## PARA MEDICAL BOARD OF INDIA

(Under Act-1956, S-25182, 3718/88 Govt. of India) (CENTRAL BOARD DELHI)

### ATTENDANCE RECORD OF EXAMINATION 20....

	(for Office Use Only)		Roll No	
Course Applied for		Session		(for Office Use Only)
Mode of Examination	Annual	Semester	Put 🗸	in appropriate box
Name of Institute	· · · · · · · · · · · · · · · · · · ·			
Name of Candidate				Photo
(as entered in secondary of	certificate)			attested by registrar
Father's Name				
Subject (S) paper (S) in v	vhich the candidate is ap	pearing-		
S.No. Subject Code		Subjects		Signature of Candidate (to be taken at the examination hall)
1				
2				
3				
5				
6				
Supplementary/due subjects	of previous batch			
Code No.	Subject / Paper	Code No.		Subject / Paper
1//		2	_/	
Signature of Supdt.			9	Signature of Candidate
Signature of Suput.			3	orginature or Carididate
PA	RA MEDICA	AL BOARD O	FIND	DIA
	•	S-25182, 3718/88 Govt. of Ind	ia)	
* Delhi		AL BOARD DELHI)		
ESTD. 1983		DMIT CARD		
Enrollment No	(for Office Use Only)		Roll No	(for Office Use Only)
Course Applied for		Session		
Mode of Examination				(101 Office Ose Offiy)
IVIOUS OF EXAPPLICATION	Annual	Semester	Put 🗸	,
		Semester	Put 🗸	
Name of Institute			Put 🗸	,
			Put 🗸	in appropriate box
Name of Institute			Put 🗸	in appropriate box
Name of Institute			Put 🗸	in appropriate box  Photo attested by
Name of Institute  Name of Candidate  (as entered in secondary of Father's Name	certificate)		Put 🗸	in appropriate box  Photo attested by
Name of Institute  Name of Candidate  (as entered in secondary of Father's Name  Subject (S) paper (S) in w	certificate)	earing-	Put 🗸	in appropriate box  Photo attested by
Name of Institute  Name of Candidate  (as entered in secondary of Father's Name	certificate)		Put 🗸	in appropriate box  Photo attested by
Name of Institute  Name of Candidate  (as entered in secondary of Father's Name  Subject (S) paper (S) in w	certificate)	earing-	Put 🗸	in appropriate box  Photo attested by
Name of Institute  Name of Candidate  (as entered in secondary of Father's Name  Subject (S) paper (S) in wards.  S.No. Subject Code	certificate)	earing-	Put 🗸	in appropriate box  Photo attested by
Name of Institute  Name of Candidate  (as entered in secondary of Father's Name  Subject (S) paper (S) in was subject Code  S.No. Subject Code	certificate)	earing-	Put 🗸	in appropriate box  Photo attested by
Name of Institute  Name of Candidate  (as entered in secondary of Eather's Name  Subject (S) paper (S) in ward of S.No.   Subject Code  1	certificate)	earing-	Put 🗸	in appropriate box  Photo attested by
Name of Institute	certificate)	earing-	Put 🗸	in appropriate box  Photo attested by
Name of Institute  Name of Candidate  (as entered in secondary of Father's Name  Subject (S) paper (S) in warrow S.No. Subject Code  1      3      4	certificate)	earing-	Put	in appropriate box  Photo attested by
Name of Institute	ertificate)	earing-	Put	in appropriate box  Photo attested by
Name of Institute	ertificate)  Phich the candidate is appointed to the candidate is	earing- Subjects		in appropriate box  Photo attested by registrar
Name of Institute	ertificate)  chich the candidate is appoint  s of previous batch  Subject / Paper	earing- Subjects  Code No.		in appropriate box  Photo attested by
Name of Institute	ertificate)  chich the candidate is appoint  s of previous batch  Subject / Paper	earing- Subjects		in appropriate box  Photo attested by registrar