



GOVERNMENT OF KARNATAKA

**PARA MEDICAL BOARD**  
**DIRECTORATE OF MEDICAL EDUCATION**

No. 5, New No. 40/20A, Lakshmi Complex, 1st Floor,  
Opp. Vanivilas Hospital, Fort, BANGALORE - 560 002.

AFFIX  
PHOTO WITH  
UNIFORMS

**APPLICATION FOR ISSUE OF DIPLOMA CERTIFICATE**

Date :

Name of the Student (In <b>Block</b> letters)	
Name of the father (In <b>Block</b> letters)	
Course Name with Register No.	
<b>Correct Postal Address to be furnished for sending Certificate by RPAD</b>	
Name of the Institution and Address	<b>GOUTHAM COLLEGE OF PARAMEDICAL SCIENCE,</b> # 258, 5th Main, 2nd Cross, Manjunatha Nagar, West of Chord Road, Rajajinagar, Bangalore - 560 010.
Year of Study	From _____ to _____
Internship period (For DPT candidates only)	
D.D. No. and Amount	

**Note :**

1. Enclose Xerox copies of all Marks Cards.
2. Enclose Xerox copy of SSLC / PUC Marks Card.
3. Enclose two passport size photographs with Uniform.
4. Furnish DD for Rs. 250/- after the prescribed date Rs. 350/- in favour of is Chairman,  
Para Medical Board, Bangalore
5. Application should be sent through Head of the Institution.
6. Diploma Certificate will be sent by Register Post with Acknowledgement Due to the  
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**