

GOVERNMENT OF KARNATAKA
DIRECTORATE OF MEDICAL EDUCATION
PARAMEDICAL BOARD

Bangalore Medical College Campus, K.R. Road, Bangalore - 560 002.

RE-VALUATION / RE-TOTLING APPLICATION FORM

Examination held on **NOV / MAY - 200__**

NAME OF THE INSTITUTION : **Goutham College of Paramedical Science, B'lore.**

NAME OF THE STUDENT : _____

REGISTER NUMBER : _____

APPLIED FOR WHICH SUBJECTS : **I YEAR (CMLT/CMRT/CDOT/DOT/DMLT/DMRT/DPT)**

Subject : _____

Subject : _____

Subject : _____

Subject : _____

II YEAR (CMLT/CMRT/CDOT/DOT/DMLT/DMRT/DPT)

Subject : _____

Subject : _____

Subject : _____

Subject : _____

III YEAR (CMLT/CMRT/CDOT/DOT/DMLT/DMRT/DPT)

Subject : _____

Subject : _____

Subject : _____

Subject : _____

TOTAL NO. OF THE PAPERS :

TOTAL AMOUNT :

D.D. No. / Date & AMOUNT : _____

Note :

1. Fill the application in capital letters only.
2. Enclose Xerox Copies of all marks cards.
3. Application should be sent through the Head of the Dept.

Signature of the Student

Signature of the Principal with Seal