

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**

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