



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 Block letters)	
Name of the father (In Block letters)	
Course Name with Register No.	
Correct Postal Address to be furnished for sending Certificate by RPAD	
Name of the Institution and Address	GOUTHAM COLLEGE OF PARAMEDICAL SCIENCE, # 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**

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