



# JAMMU & KASHMIR STATE PARAMEDICAL COUNCIL

## APPLICATION FOR ISSUE OF REGISTRATION CERTIFICATE

**NOTE: - WRITE IN BLOCK LETTERS**

### REGISTRATION FOR:-

LABORATORY TECHNICIAN  DENTAL ASSISTANT  X-RAY TECHN.  ECG TECHN.   
ISM PHARMACIST  OPTH ASSISTANT  OT-TECHN.   
ANESTHESIA ASSISTANT  SANITARY INSPECTOR  ANY OTHER (SPECIFY) .....

Applicant Signature

### PERSONAL DETAILS

- 1 Name (In Capital Letters).....
- 2 Father's Name .....
- 3 Mother's Name .....
- 4 Husband's Name.....
- 5 Gender  Female  Male      6 Marital Status  Single  Married
- 7 Date of Birth .....      8 Nationality .....
- 9 E-mail Id.....      10 Mobile.....
- 11 Adhaar Card No. ....
- 12 Present Address .....
- 13 Permanent Address .....
- 14 General Qualification      10<sup>th</sup>       12<sup>th</sup>
- 15 Name & Address of the Institution where Paramedical Education was obtained.  
.....
- 16 Name of the Course .....
- 17 Date of Joining of the course .....      Date of Completion of the course .....

18 Name & Address of the Examining Body .....

19 Type of Registration required  First Registration  Renewal of Registration

20 Name of the Paramedical Registration Council with which registered already, (If Any).....

I hereby undertake that the information furnished by me herein above are true and correct to the best of my knowledge and belief and nothing has been concealed or suppressed herein. In case my information as given above found incorrect, false or misleading at any time. I shall be held responsible for the same and the authorities shall have right to take any action against me under law.

Place :-

Yours Faithfully

Date :-

Encls:-

Signature of the Applicant

## DOCUMENTS TO BE ATTACHED

1. 10<sup>th</sup> Diploma Certificate / D.O.B. Certificate.
2. 12<sup>th</sup> Class Diploma Certificate
3. Paramedical Diploma Certificate
4. State Subject
5. Aadhar Card Certificate
6. Affidavit ( attested from First Class Magistrate)
7. Passport Size Photograph (4 Nos)
8. Self attested documents.

### Paying Slips

President / Vice-President J&K State Paramedical Council – Rs. 500 as Verification Fee  
President / Vice – President J&K State Paramedical Council – Rs. 700 as Registration Fee

### FOR OFFICE USE ONLY

\* Application Checked by .....

\* Registration fee paid Vide receipt No. .... Date ...../...../.....

\* Registration Number Allotted .....

\* Date ..... Place .....

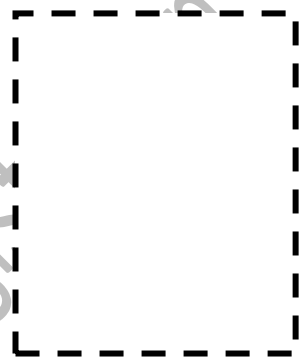
Registrar  
J&K State Paramedical Council  
Government Medical College  
Srinagar / Jammu.



**JAMMU & KASHMIR STATE PARAMEDICAL COUNCIL  
GOVT. MEDICAL COLLEGE SRINAGAR / JAMMU**

**VERIFICATION CERTIFICATE**

**TO WHOM IT MAY CONCERN**



Name of the Candidate: - .....

Father's Name .....

Date of Birth:.....

It is certified that above mentioned Student has appeared in  
..... Course, Final Year Examination  
conducted by Jammu and Kashmir State Paramedical Council held in  
..... The Marks Card has been issued in  
his / her favour vide serial number ..... Bearing roll no  
..... He / She has successfully completed the training  
course and has been issued Diploma Certificate bearing Serial Number  
.....

No : .....

Date : ...../...../.....

**Controller of Examinations**  
J&K State Paramedical Council  
Government Medical College  
Srinagar / Jammu.