HARYANA PARAMEDICAL COUNCIL

Membership/Registration Form

Note:-Fill out the form carefully for Registration.

To

The Director / Secretary
Haryana Paramedical Council

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

Passport Size Photo

Application for Registration of Diploma/degree in (Course):.....

1. Name of the applicant:.....

2. Father's Name:.....Mother's Name:.....

3. Date & Place of Birth:.....Blood Group: .....

4. Gender: Male ☐ Female ☐ Others ☐

5. Aadhaar Number: .....

6. Are you citizen of India : By Birth ☐ By domicile ☐

7. Permanent Address .....

District ..... State .....PIN code.....

8. Correspondence Address.....

District.....State.....PIN code.....

9. Mobile/Phone..... E-mail ID.....

10. Details of educational qualifications prior to/other than allied and healthcare qualifications:

Educational Qualification	Name of School/College	Board/University	Year of Passing
Matriculation or Equivalent			
Senior Secondary or Equivalent			

11. Details of Allied and Healthcare qualification for which registration is applied:

Name of Course	Name of Institute/College	Duration of the Course (with Internship)	Name & address of hospital/Institute Of Internship	Date of Admission	Date of Passing Year

Signature of Candidate

FOR OFFICE USE ONLY

1. Registration Fee.....
2. Receipt No.....Date.....
3. Registration No .....

Declaration by the Applicant

- I have read and understood the rules and regulation of the council and satisfied myself.
- Haryana Paramedical Council is a private council which is registered with Haryana Government.
- Registration of paramedical, ayurvedic, electrohomeopathic all diploma or certificate is provided in Haryana Paramedical Council.
- After taking registration in Haryana Paramedical Council, you can apply for your own work or job in private sector.
- I have furnished necessary information/ document(s) correctly. I shall submit any other document(s) that may be required in the future.
- I understand that my registration is liable to be cancelled by the Haryana Paramedical Council /document(s) submitted herewith is found incorrect or misleading. Further, the council has full authority to take appropriate action which shall be acceptable to me.
- If any information submitted by me is found incorrect, the council has the authority to cancel the Certificate at any time.

Name: -……

Father's name:……

Mother's name:-……..

Police station:-……..Tahsil :-……

District:-……State:-……..

Date_____/_____/_____ (DD/MM/YY)

Signature of a Candidate (In Running Writing)