SCL PARAMEDICAL COUNCIL OF INDIA

Autonomous Body for Research & Development under E- Learning Programme, Govt. of India

Associate with Alternative Medical Council & USDLA, USA

GENERAL INSTRUCTIONS FOR COMPLETING ADMISSION FORM

Fill up the application form in CAPITAL LETTERS ONLY. Please tick the appropriate box wherever provided.

COVER PAGE

a. Write Name, Qualifying Exam Seat N. & year of Passing as per standard 12th mark sheet or D.Pharma (A) at the space provided.

FORM

- a. Candidate's Name: Write name as printed in Standard 12th mark sheet. Write Mother's Name in the boxes provided.
- b. Attach a duly signed photograph in the prescribed form
- c. Board from which standard 12th (H.S.C.) Examination passed: Please tick appropriate box provided, along with the code of your group.
- d. Category: Please tick the appropriate box. Attested copy of caste certificate to be attached, if applicable.
 - a. Please write your caste and sub-caste as per school leaving certificate / transfer certificate in the boxes provided, if applicable.
- e. Date of Birth (As per S.S.C.): write your date of birth, as per standard 10th Certificate / School leaving certificate / transfer certificate.
- f. Write your complete address for communication including Taluka, District and Pincode. Give your Residence phone number, mobile phone number with STD code and email ID.
- g. Attach a self addressed envelope (12cm x 4cm) affixed with Rs. 25/- postal stamp along with the admission form.
- h. For more information please visit our website: www.sclpmgov.in Email: info@sclpmgov.in or Phone: 9415032521, 6392770211, 7458960336
- i. On cancellation of admission, 50% amount of the fees will be refunded within a month of admission.



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APPLICATION FORM FOR ADMISSION IN

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