

# 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 12<sup>th</sup> mark sheet or D.Pharma (A) at the space provided.

### **FORM**

- a. Candidate's Name: Write name as printed in Standard 12<sup>th</sup> 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 12<sup>th</sup> (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 10<sup>th</sup> 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](http://www.sclpmgov.in) Email: [info@sclpmgov.in](mailto: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.





