



# UTTAR PRADESH PARAMEDICAL COUNCIL

License No: 119030 | CIN No: U85300UP2020NPL130151

MSME (UDYAM ADHAR) Regd. No. UAN UP-50-0001124

(RUN UNDER ALL INDIA PARAMEDICAL NURSING & YOGA COUNCIL)

## ENROLLMENT FORM

(To be filled in by the applicant himself)

Session.....

Date.....

All entries must be filled by the candidate himself/herself in CAPITAL letter. Put ☒ for yes of ☐ for No and NA where Not applicable in the box. The Examination Form Contain Two Pages.

ENROLLMENT NO.

ROLL NO.

Course Applied For

Paste the  
Recent  
passport size  
photograph  
Attach 4  
photographs

(As entered in Secondary/Senior Secondary Certificate)

Signature of candidate

Name of Candidate

Father's Name

Mother's Name

Date of Birth  Gender Male ☐ Female ☐ Transgender ☐

Permanent Address

City \_\_\_\_\_ State \_\_\_\_\_ Phone No. \_\_\_\_\_

Mob. \_\_\_\_\_ E-mail \_\_\_\_\_

Name of College

Nationality Indian ☐ Other ☐ (Specify Country Name) \_\_\_\_\_

Category General ☐ OBC ☐ SC ☐ ST ☐

Signature of Principal

Signature of Candidate

Signature of Guardian

Verified by

ADD: 1<sup>ST</sup> FLOOR, HCL CITY, KHURDAI BAZAAR  
SULTANPUR ROAD, LUCKNOW NEAR IOB BANK, PIN: 226002

