



# STATE PARAMEDICAL COUNCIL LUCKNOW

## Registration Form

To

The Registrar  
STATE PARAMEDICAL COUNCIL  
LUCKNOW UTTAR PRADESH

Application For Registration of .....

1. Name .....

2. Father Name .....

3. Mother Name .....

4. Date of Birth .....

5. Course Duration .....

6. Training Period (mm/yyyy) From ..... To .....

7. Name of Training Centre .....

8. Permanent Address .....

District ..... State ..... PIN Code .....

9. Mobile No. .... E-mail ID .....

10. Final Year Roll No. / Regd. No. / Enrollment No. ....

11. Name of the Institute / University .....

Affix  
Passport  
size photo  
here

### Enclosures

1. Mark Sheet of Training (1st & 2nd & 3rd & 4th)
2. Degree / Diploma / Certificate
3. 10 and (10+2) Mark sheet & Certificate
4. NOC from Institute (Original)
5. Aadhaar Card
6. Affidavit
7. Photo - 5
8. Smart Card fee - 250/-

Signature of Candidate

### FOR OFFICE USE ONLY

1. Registration Fee ..... Date .....

2. Receipt No. .... Valid Date .....

3. Registration No. ....