THE ADMINISTRATION OF UNION TERRITORY OF LADAKH

PARAMEDICAL COUNCIL UT LADAKH

VERIFICATION FORM

Affix here recent Passport Size Photo With D.O.B Attested by the Principal/ Head of Institution

Verification No.

(TO BE FILLED IN BY THE CANDIDATE)

Name (In Capital Letters with One Blank Space I, II & III Names) as per Matriculation Certificate

DATE OF BIRTH: - DD/MM/YY

Fathers Name (In Capital Letters with One Blank Space I, II & III Names)

Mothers Name (In Capital Letters with One Blank Space I, II & III Names)

Name of School / Institute

Stream to Which Admitted for Training

Date of Admission: -

OCCUPATION OF FATHER: _____

PERMANENT HOME ADDRESS: - _____

VILLAGE/MOHALLA/LANE: - _____

TOWN: _____ TEHSIL: - _____

DISTRICT: - _____ STATE: _____

PINCODE: - _____ MOBILE: - _____

Email Address: - _____

CATEGORY: -

A) General B) SC, ST, RBA, Physically Challenged Others: - _____

ACADEMIC RECORD

NAME OF EXAMINATION	YEAR OF PASSING	MARKS OBTAINED	SUBJECT	NAME OF UNIVERSITY/BOARD

STUDENTS DECLARATION

I UNDERTAKE TO OBEY ALL THE RULES AND REGULATION OF THE PARA-MEDICAL COUNCIL, UT LADAKH AND THE INSTRUCTRIONS THAT MAY BE ISSUED FROM TIME TO TIME BY THE PARA-MEDICAL COUNCIL, UT LADAKH. ANY VIOLATION OF RULES ON MY PART SHALL RENDER ME LIABLE FOR PUNISHMENT.

SIGNATURE OF PARENT

SIGNATURE OF CANDIDATE

NAME: - _____

Signature of Parent/Guardian: - _____

Address with Contact No: - _____

Photograph of father/male Guardian

NOTE: -

Form to be accompanied by Copies of academic Certificate (Matriculation, 10+2, Resident Certificate and Category Certificate if any) and admission Fee of Rs. 1000/- (One Thousand only) through Bank Slip Payable to Para-Medical Council, UT Ladakh.
The Form should be submitted by 15th of May 2024.

CERTIFIED: -

1. That the student has been admitted on the basis of Selection by the competent authority.
2. That the verification report of original certificate of the Candidate (Matriculation, 10+2, Resident Certificate and Category Certificate if any) from the concerned authorities be appended for record and reference.
3. Registration Fee of Rs. 1000

Dated _____
No: - _____

Date: - _____

Signature of Principal/
Head of Institution with Seal.

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LADAKH PARA-MEDICAL COUNCIL
VERIFICATION CARD

VERIFICATION NO. ALLOTTED							
YEAR							

Affix here recent Passport Size Photograph with D.O.B

Name: - _____

Son/Daughter of: - _____

Name of Institute: - _____

SIG.DEALING ASSISTANT

Registrar
(Paramedical Council, UT Ladakh)

SIG.DEALING ASSISTANT

Registrar
(Paramedical Council, UT Ladakh)