

PARA MEDICAL COUNCIL OF GUJARAT (Regd.)

F-34, Vijaya Plaza, Opp. Abad Dairy, Kankaria, Ahmedabad-22

Ph: (M) 9825653625 - 9426561567

To
The Registrar
Para Medical Council of Gujarat
Kankaria, Ahmedabad - 380022

Affix recent coloured
Photograph to be
attested by the Centre
Incharge

Subject : Permission to Appear in the Final Examination

Dear Sir,

You are requested to permit me to appear in the final Examination of the Course inof sessionfor 6 Months/One year/Two year.

I here by deposit a sum of **Rs. 2550/-** towards Examination fee. The result prepared/declared by the examining body of PMC Ahmedabad will be acceptable and binding to me.

Name of candidate.....S/W/D/o.....

Name of Centre.....Date of Admission.....Class Roll No.....

Course Code No.....Qualification.....Marital Status.....

Date of Birth as per high school CertificateReligion.....

Address for Corresspondence.....

.....Phone with code No.....

The enteries in the form are true and of my knowledge and belief.

1. I had clearly understood status of the PMC Ahmedabad through affiliated centre/coaching centre and I am fully satisfied with it. The PMC does not have any responsibility of employment in any state of the country.
2. That I am fully aware of changing Govt. health Policies w.r.t. that the above mentioned courses might change with course of time and in such case I would not ask / claim for any sort compensation from PMC, Ahmedabad.
3. In case of any disput between me & PMC Ahmedabad the Jurisdiction for legal purpose will be Ahmedabad Court only.

Please accept my Final Examination form duly completed and oblize.

Place :

Thanking you,
Yours faithfully

Date :

Signature of Candidate

Enclosed : 1. Attested copies of all certificates 2. Two recent passport size photographs

ACCEPTED AND FORWARDED TO PMC of Gujarat, Ahmedabad after checking all the information furnished by the student in this form.

**Signature of Centre Incharge
with seal**