

(Regd. with NEETI AAYOG, Govt. of India & Approved by Ministry of HRD Govt. of India under C. R. Act.)

राष्ट्रीय पराचिकित्सीय परिषद्, दिल्ली

## National Council of Jaramedical, Delhi (A Unit of Paramedical Foundation)

MEMBER : QCI (Quality Council of India) ISO 9001-2015 CERTIFIED



Enrollment No(FILL	UP BY THE CANDIDATE IN CAPITAL LETTERS)
Institution Code Number	
Institution Name with complete Address	Baira Megha DiPakkemar DBry, Hemapark, Nr. Super School, Amsik Nager, Odlar, Ahmedalad
Candidate Name in English	Buisa Medy Dipuk Kennus
Date of Birth	.041.07.1.2.000 Sex: Male Female Nationality
Father Name / Mother Name	Di Perk Kumas
Complete permanent Address with Pin Code, Mobile No. & E-mail	D/384 Hemapurk, Nr. Super Shepol, Annihamager odhow. Annedatud -38241
Address for Communication	bairemeghy ours @ gmail . Com
Name of the Course & Course code	OT Technesian
Course Duration	MONTHS ONE YEAR TWO YEAR TWO YEAR SECOND THREE YEAR 2nd YEAR YEAR 3rd YEAR
Session'year	2024-20 25
Antional C. (Aum	Passport size photograph of the candidate to be affixed and to be affixed and to be affixed CERTIFIED  LL TICKET Enrollment No.:
Name of the Candidate:	Sa Megha Dipakkumas
	planade Shally Academy.  Nesian Part:
NCP for Course & Session mentioned Signature of Candidate	

Address of School/College in which the candidate last Attended	Ambleones a Ocher About
Detailes of qualified examination as Roll No., Name of School/College, Marks obtained, Percentage, Etc.	Punima Lineli Ligh School  Amtikaniger Ochur, Almalia  Roll no — G 568967  Muske — 44.43
The Board/University from which the candidate passed the qualifying examination	Grissul barrel
Details of documents enclosed (Only Photo Copies)	
Details of fees by D. D. only in favour of Paramedical Foundation payble at Delhi	

No Enrollment form will be accepted without fee.

I hereby declare that all information furnished by me on behalf of Society / trusts / Institution flamed above are true and correct to the best of my knowledge and belief and nothing has been concealed in it. If at any stage it will be found wrong, the authorities of NCP shall have right to cancel accreditation of my institution and take appropriate legal actions against me. I again declare that I know very well that this is an autonomous organization established under Trust Act and running only self employable courses to enhance knowledge and wisdom which provide no guarantee for further education or job and no concern with any other similar organization. I declare that I will convey all above information to each and every student who will show his/her interest for taking admission in the courses run by NCP and admit only those students who agreed to get admission after knowing the fact of NCP and if any claim or blame will be raised on the ground by the student or any person, only I will be responsible for that and NCP will not be responsible or able to compensate by any way.

Place: Armederback

Date: 02 108 2024

the Candidate

## NOTE

- 1. Examination Hall shall be open before 15 minute as per Exam, schedule.
- 2. No use of unfair means will be allowed in Examination & Voilator will be prosecuted accordingly.
- Exam. Center in charge shall be entitled to make appropriate changes in Exam. schedule in case of any circumstances with unavailable prior permission to Controller of Exam.