

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

राष्ट्रीय पराचिकित्सीय परिषद्, दिल्ली

National Conneil of Jaramedical, Delhi

(A Unit of Paramedical Foundation)

Date: 25/11/2024

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



| Enrollment No(FILL | UP BY THE CANDIDATE IN CAPITAL LETTERS) | |
|---|--|--|
| Institution Code Number | The state of the s | |
| Institution Name with complete Address | Shelby accademy Natoda | |
| Candidate Name in English | MANSURI KHUSHBUBEN GULZARBHAT | |
| Date of Birth | 1.9/9.2/.2.0.0.1 Sex; Male Female Nationality | |
| Father Name / Mother Name | GULZARBHAJ MANSURI , ZARINABEN | |
| Complete permanent Address with Pin Code, Mobile No. & E-mail | Ol : Charle And Canad Air Armall | |
| Address for Communication | Shivalay sa soccity, A45, Naroda | |
| Name of the Course & Course code | MRI lechnician | |
| Course Duration | MONTHS ONE YEAR TWO YEAR TWO YEAR SECOND 361 YEAR 361 YEAR | |
| Session year | 2024 - 20.25 | |



Regs. with NEETLASTON. Gove of India & Approved by Ministry of HED Gove of India under C. R. Act.) शक्तीय प्रशासिकश्चीय पश्चिम्, दिल्ली

National Council of Baramedical, Delhi (AUnt of Paramedical Foundation)

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

HALL TICKET Enrollment No.:-

Passport size photograph of the candidate to be affixed and to be attested here by principal/ Center Incarge

| Name of the Candidate : Mansun Kh | ushbuhen ccu | ZARBHOU |
|---------------------------------------|--------------|---------|
| Institute/Exam Center Address : Selby | Accademy | Narody |
| Course Name : MR1 Tech | | |
| Session: | | |

The above mentioned Candidate is allowed to appear in Examination of NCP for Course & Session mentioned above.

Signature of Candidate K.G. Mansun

Controller of Examination NCP, Delhi



| Address of School/College in which the candidate last Attended | Seth stee U. 9 high school |
|---|----------------------------|
| Detailes of qualified examination as Roll No., Name of School/College, Marks obtained, Percentage, Etc. | Seth stee 0.9 high school |
| The Board/University from which the candidate passed the qualifying examination | Crysul Board |
| 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.

k. G. MUNJUN Signature of the Candidate

DECLARATION

I hereby declare that all information furnished by me on behalf of Society / trusts / Institution named 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: Ahmaderbud

Date: 25-11-24

K⋅Cr. Munsun Signature of the Candidate

NOTE

- 1. Examination Hall shall be open before 15 minute as per Exam. schedule.
- 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.