



(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 Paramedical, Delhi**

(A Unit of Paramedical Foundation)

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



Date : 17/8/2014

Enrollment No. \_\_\_\_\_

(FILL UP BY THE CANDIDATE IN CAPITAL LETTERS)

Institution Code Number							
Institution Name with complete Address	<u>Narada Shelby Academy.</u> <u>Neeloda</u>						
Candidate Name in English	<u>DINESH MOHAN SHIVDAS</u>						
Date of Birth	<u>08.1.10.1995</u> SEX: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Nationality <input type="checkbox"/>						
Father Name / Mother Name	<u>MOHAN BHAI</u>						
Complete permanent Address with Pin Code, Mobile No. & E-mail	<u>131 SHIVDAM Socity odhu Ring Road Ahm. (3824</u> <u>8511623824</u> <u>dineshshivdas9824@gmail.com</u>						
Address for Communication	<u>-</u>						
Name of the Course & Course code	<u>OT Technician</u>						
Course Duration	<table border="1"> <tr> <td>___ MONTHS</td> <td>ONE YEAR</td> <td>TWO YEAR <u>1st YEAR</u></td> <td>TWO YEAR 2nd YEAR</td> <td>DIRECT SECOND YEAR</td> <td>THREE YEAR 3rd YEAR</td> </tr> </table>	___ MONTHS	ONE YEAR	TWO YEAR <u>1st YEAR</u>	TWO YEAR 2nd YEAR	DIRECT SECOND YEAR	THREE YEAR 3rd YEAR
___ MONTHS	ONE YEAR	TWO YEAR <u>1st YEAR</u>	TWO YEAR 2nd YEAR	DIRECT SECOND YEAR	THREE YEAR 3rd YEAR		
Session year	<u>2024 - 2026</u>						



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HALL TICKET

Enrollment No. : \_\_\_\_\_

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

Name of the Candidate : DINESH MOHAN SHIVDAS

Institute/Exam Center Address : Narada Shelby Academy

Course Name : OT Technician Part : -

Session : 2024 - 2026

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

Signature of Candidate \_\_\_\_\_

Controller of Examination  
NCP, Delhi

Address of School/College in which the candidate last Attended	M.S.M High School Lal darwaja Ahm
Details of qualified examination as Roll No., Name of School/College, Marks obtained, Percentage, Etc.	10th - Pass Roll No = 0259008 Marks = 50
The Board/University from which the candidate passed the qualifying examination	M.S.M High School
Details of documents enclosed (Only Photo Copies)	
Details of fees by D. D. only in favour of Paramedical Foundation payable at Delhi	

No Enrollment form will be accepted without fee.

  
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 : Ahmedabad.

Date : 17-8-24

  
Signature of 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 & Violator will be prosecuted accordingly.
3. 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.