



(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 : _____

Enrollment No. _____

(FILL UP BY THE CANDIDATE IN CAPITAL LETTERS)

| | | | | | | | |
|---|--|-------------------|--|--------------------|---------------------|--------------------|---------------------|
| Institution Code Number | | | | | | | |
| Institution Name with complete Address | Shelby Academy Narender | | | | | | |
| Candidate Name in English | Keval Gouind | | | | | | |
| Date of Birth | 09/07/2001 Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Nationality <input type="checkbox"/> | | | | | | |
| Father Name / Mother Name | Visharam Bhai | | | | | | |
| Complete permanent Address with Pin Code, Mobile No. & E-mail | Sharam Colony Gurgaon Bhogow Road Kuber Nagar A - 382340 9687884819 | | | | | | |
| Address for Communication | govind keval 617@gmail.com | | | | | | |
| Name of the Course & Course code | MRI | | | | | | |
| Course Duration | <table border="1"><tr><td>MONTHS</td><td>ONE YEAR <input checked="" type="checkbox"/></td><td>TWO YEAR 1st YEAR</td><td>TWO YEAR 2nd YEAR</td><td>DIRECT SECOND YEAR</td><td>THREE YEAR 3rd YEAR</td></tr></table> | MONTHS | ONE YEAR <input checked="" type="checkbox"/> | TWO YEAR 1st YEAR | TWO YEAR 2nd YEAR | DIRECT SECOND YEAR | THREE YEAR 3rd YEAR |
| MONTHS | ONE YEAR <input checked="" type="checkbox"/> | TWO YEAR 1st YEAR | TWO YEAR 2nd YEAR | DIRECT SECOND YEAR | THREE YEAR 3rd YEAR | | |
| Session year | 2024 - 2025 | | | | | | |



(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

HALL TICKET Enrollment No. : _____

Name of the Candidate : Keval Gouind Visharam Bhai

Institute/Exam Center Address : _____

Course Name : MRI Part : _____

Session : _____

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

Signature of Candidate govind

Controller of Examination
NCP, Delhi

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

| | |
|--|---|
| Address of School/College in which the candidate last Attended | V.V. Tomar Hindi Higher Secondary School |
| Details of qualified examination as Roll No., Name of School/College, Marks obtained, Percentage, Etc. | 01. 201524 47.72% |
| The Board/University from which the candidate passed the qualifying examination | Gujarat Board |
| Details of documents enclosed (Only Photo Copies) | Leaving Certificate, Remarks sheet, Pan card, |
| Details of fees by D. D. only in favour of Paramedical Foundation payable at Delhi | |

No Enrollment form will be accepted without fee.

govind
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 :

Date : 21/10/2024

govind
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.