

Address of School/ College in which the candidate last attended	
Details of Qualified examination as Roll No., Name of School/ College, Marks obtained, Percentage, Etc.	
The Board/ University from which the candidate passed the qualifying examination	
Aadhar No.	
Details of Documents enclosed ( Only Photocopies )	
Details of Fee paid in favour of Paramedical Foundation ( National Council of Paramedical )	

**NOTE :** No Enrollment will be accepted without fee.

**Signature of Candidate**

## **DECLARATION**

I hereby declare that all information furnished by me in this application form are true and correct to the best of my knowledge & belief and nothing has been concealed in it. If at any stage it will found wrong, authorities of NCP shall have right to cancel / reject my enrollment form and take appropriate legal actions against me. I understand very well that Paramedical Foundation ( National Council of Paramedical ), Delhi is an Autonomous Organizations established under Indian Trust Act and running only self employable courses to enhance knowledge and wisdom which provides no guarantee of validity of Certificates of NCP in further education or job and NCP has no concern with any other similar organisation. I further declare that neither NCP nor its Institutional Associate Member has given any assurance of availability of free Bus- Passes or any type of Scholarship during study period. This information has conveyed by NCP Institutional Associate member- Training Centre to me in my mother tongue before admission and I well understand that certificates of NCP is neither valid for job nor for further education, after knowing this fact, with my free wish & will I am taking admission in NCP courses and I again declare that I will never claim or blame to NCP or its Institutional Associate Member - Training Centre on these grounds mentioned above and only I will be responsible for all consequences raised in future on these grounds and NCP or its Institutional Associate Member - Training Centre will not be responsible or able to compensate by any way. I again declare that I know very well that Paramedical Foundation ( National Council of Paramedical ) is a Private / Autonomous NGO working under Indian Trust Act for welfare of Paramedics & its related education, Hence No other acts, Order, Rules applies or attract the activities of NCP.

**DATE :** **PLACE:** **Signature of Candidate**

I hereby forwarded Admission form of above mentioned student for the session mentioned above. I Declare that the above mentioned student has personally filled the form in his / her own handwriting and read, understand and signed declaration printed on admission form before me. I have checked all eligibility documents on the candidates at my end and found no fault in it, Hence candidate deserves Enrollment in above mentioned course.

**DATE :** **( Sing of Institutional Associate Member with Seal )**

## NOTE

1. Examination hall shall be open before 15 minutes as per Exam. Schedule
2. No use of unfair means will be allowed in examination. Violators will be prosecuted accordingly
3. Exam Centre In-Charge shall be entitled to make appropriate changes in Exam Schedule in case of any circumstances with prior permission to Controller of Examination ( NCP ) .