

GOVERNMENT OF KARNATAKA
PARA MEDICAL BOARD
DIRECTORATE OF MEDICAL EDUCATION
ANANDA RAO CIRCLE, BANGALORE-560009

To
The Member-Secretary
Para Medical Board
Directorate of Medical Education,
Ananda Rao Circle, Bangalore – 560 009.

PASSPORT
SIZE PHOTO

Sir/Madam.

I request you to register my name in the Para Medical Board as a student for the First Year Para Medical Course. I will also abide by the rules and regulations of the Para Medical Board. My particulars are given below.

1	Name of the Candidate (In Block Letters)	
2	Name of the Father/guardian	
3	Date of Birth, Age and Sex	
4	Nationality and religion	
5	Whether belongs SC/ST	Sub Caste
6	Qualification	With the year of passing
7	Marks secured in qualifying Examination (Attested copy to be enclosed)	
8	Address Permanent	
	Present	
9	Name of the Institution to which student is admitted	Globe Eye Foundation, School of Optometry Hoskote
10	Date of admission to the Institution	
11	Name of the Course	Diploma in Ophthalmic Technology (D.O.T.)
12	Whether Reg Fee paid D.D. No & Date.	

Signature of the Principal
With Seal

Signature of the Candidate

OFFICE PURPOSE

The above student has been registered in the Board as he/she is permitted to take up the above said course and to attend the Examination.

Member-Secretary
Para Medical Board.