



# STATE PARAMEDICAL FACULTY LUCKNOW

## ENROLLMENT FORM

Enrollment no.....

**Course Applied For** .....

\* **Session** -

1. Candidate Name.....
2. S/o,D/o.W/o Shri.....
3. Mother's Name .....
4. Date of Birth .....
5. Sex .....
6. Nationality .....
7. Address .....
8. Contact No. ....
9. Category Gen, OBC, SC, ST, Other (**Specify**) .....
10. Email Id .....
11. Training Center-

Affix 3  
Passport Size  
Photo

11. Qualification:-

S.No.	Examination	Board/University	Year of Passing	Mark Obtain	% of Marks

**12. Declaration:** - I have read and understood the rules and regulations of the State Paramedical Faculty Luck now and I agree with that. I fulfill the eligibility condition as laid down in the prospectus. All the information furnished above by me is correct. In case anything is wrong I should be held responsible for that. I shall submit any other document(s) that may be required by the council in Future.

Date:-

Signature of Candidate