



Indian Institute of Paramedical Sciences

Chowk No.3, Near MSEB sub Station, Govind Nagar, Mumbai- Agra highway, Nashik - 422009

Re Certification Application Form

Date :- / /	Scheme Name : _____	Passport Size Photograph (Do Not Staple)
Serial No. _____	Certificate issue Date: _____	
PRN No. _____	Certificate valid till Date : _____	

Section 1 :- Student Details

Student Name

First Name	Middle Name	Surname
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*Required Name on Certificate : _____
(as per documents)

Experience Month/Years

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 Email Address.: _____

Mobile No

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 Whatsapp No

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Alternate No.

--	--	--	--	--	--	--	--	--	--

 Aadhaar Card No

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Section 2 :- Address Details

*Communication Address : _____

City _____ District \ Taluka: _____ State : _____ Pincode

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Section 3 :- Training Programs/ Seminars /Exhibition attended

1	_____	Date :	_____
2	_____	Date :	_____
3	_____	Date :	_____

I hereby understood the scope of this certification & assessment,I am applying to & I agree to comply with the requirment & limitation of the scope.

Signature of Applicant : _____

Section 4 :- Supporting Documents (Self Attested)

- | | |
|---|--|
| 1. Passport size Photo-02 | |
| 2. Adhar card (Xerox Copy) | |
| 3. Copy of existing certificate to be renewed | |
| 4. Self-declaration with signature declaring that one has attended at least 3 exhibitions/ seminars/training programmers related to area of primary work. | |
| 5. Experience letter/Self declaration | |

Section 5 :- Payment Details

Total Fees:- _____ Paid Fees:- _____ Date & Time of Payment _____

Bank Name:- _____ Branch :- _____ City : _____

Mode of Payment: Online Cheque No. of Cheque

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 \DD\UTR\IMPS\CAM ID

Section 6 :- Only for Office Use

Comments : _____

Verify By : _____ Verification Date : _____

Verify By Sign.: _____