



PARAMEDICAL & SKILL DEVELOPMENT COUNCIL

पैरामेडिकल एवं कौशल विकास परिषद्

Migration Form

Note:- For Migration Certificate, Kindly Submit your Last Migration Certificate.

1. Study Centre Name :

2. Study Centre Code :

3. Registration No. :

4. Name of the Student in CAPITAL Letter (Leave One Blank after one word):

5. Father's Name in the CAPITAL Letter (Leave One Blank after one word):

6. Mother's Name in the CAPITAL Letter (Leave One Blank after one word):

7. Correspondence Address in the CAPITAL Letter (Leave One Blank after one word):

Photograph
of Applicant

State

Pincode

8. Mobile No.

Whatsapp No.

9. E-mail ID : _____

10. Date of Birth : 11. Gender : ✓ (Please Tick Mark)

12. Nationality : If Others Please Specify _____ ✓ (Please Tick Mark)

13. Category : (Fill 1 for General, 2 for SC, 3 for ST, 4 for OBC, 5 for Ex-Servicemen)

14. Centre Name

15. Course Name

16. Course Code

FEE DETAILS

Rs. 1000/- to be paid though Cash / Demand Draft (DD) or Debit / Credit Card. In case of fee paid through DD give the following details:

Bank Name				
Transaction Reference OR IMPS No. / Cash Receipt No.	Dated		Amount	

Date

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Enclosures (Photocopy Self attested) (✓)

- Certificate of 10th Class
- Mark sheet of 12th Class
- Diploma Marksheet
- Identity Proof

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Signature of the Applicant

The application filled in by the student, along with requisite fee & copies of certificate must be submitted to respective Institution.