UP STATE PARAMEDICAL COUNCIL

AN ISO 9001:2015 CERTIFIED ORGANIZATION

Examiner Registration Form

Exam Center Details :-

Center Name .....
Center Code .....Center Address .....
.....State.....District.....Pin.....

Examiner Details :-

Examiner Name.....
Examiner Qualification .....
Examiner Address.....
State.....District.....Pin.....

Examiner Photo

Signature

Examiner Qualification :-

Sr.No.	Qualification	Board/Council/University	Year
1	10th		
2	12th		
3	Graduation		
4	Post Graduation		
5.	Diploma/Other		

Center Stamp/Signature

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Note:- Copy of all the qualification documents and Aadhar card must be attested by all the copy center stamps attached with the form.