



# UP STATE PARAMEDICAL COUNCIL

## APPLICATION FORM FOR REGISTRATION CERTIFICATE OF COUNCIL

Note: For Instructions, please see reverse

To  
The Registrar  
**UP State Paramedical Council**

Student's  
Photo

Sir,

I wish to have a **Registration Certificate** copy of my Diploma/Certificate for the Program  
..... Examination for the following reasons:

.....  
.....

The Prescribed fee of Rs. 5150/- or is submitted herewith.

The required particulars are given below:

1. Name of candidate (Block letters) Mr. / Mrs. / Miss .....
2. Father's Name .....
3. Mother's Name .....
4. Exam Roll No .....
5. Enrollment No. ....
6. Exam / Course .....
7. College/ Institute Name .....
8. Exam Center Name .....
9. Year.....
10. Pass/ Fail .....

**Principal (Signature with Seal )**

**Signature of Candidate**

Note: Signature of the candidate must correspond to that on Examination form filled in by him/her.

**RULES**  
**FOR REGISTRATION CERTIFICATE COPY**

1. Fill up the prescribed **Registration Certificate Copy** application form attached and send it to us with the following documents:
  - a) Scanned copy of the Registration Certificate Copy Request form.
  - b) Scanned copy of Payment details.
  - c) Final Year Marksheet ([www.upstateparamedicalcouncil.in](http://www.upstateparamedicalcouncil.in))
  - d) Aadhar Card Candidate
  - e) Institute No Dues Slip
2. **Please note:**
  - Registration Certificate Copy will not be issued if documents are incomplete.
  - Registration Certificate Copy will be issued within **7 working days** from the date of receiving application with all required documents & complete payment.
  - Ensure all the scanned copies are clear and legible.
  - Fee once paid will not be refunded. Please ensure your documents are complete in all respect before applying for Registration Certificate Copy.
3. Fee Chargeable Rs. **5150/-** Registration Certificate Copy to be deposited with Council Cashier between 10:00 am to 1:00 pm and 2:00 pm to 3:00 pm on all working days, after verification of application from the Revaluation Branch.

**Order by Registrar/Controller of Examination**  
**UP STATE PARAMEDICAL COUNCIL**