

**Application Form**  
**PARAMEDICAL COURSES**  
**GOVT. MEDICAL COLLEGE, DODA.**

**TO BE FILLED BY THE CANDIDATE**

Name of the Candidate: \_\_\_\_\_

Parentage: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

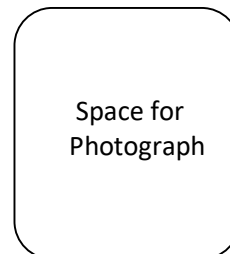
Age as in 31<sup>st</sup> December 2024 \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Gender \_\_\_\_\_ Religion \_\_\_\_\_ Blood Group \_\_\_\_\_ Category \_\_\_\_\_

Contact No: \_\_\_\_\_

Email Id: \_\_\_\_\_



**Academic Qualification**

Examination	Subjects	Year of Passing	Maximum Marks	Obtained Marks	Percentage of Marks	Board/Institute/University
10 <sup>th</sup>						
12 <sup>th</sup>						

Diploma in Paramedical Courses if Already Done Previously	Discipline	Institute	Roll No.	Marks		Year of Passing
				Max	Obtained	

**BOPEE**

S.NO	Application No.	Rank	Category	Category Selected

**Signature of candidate**