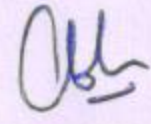


सूचना

राजस्थान पैरा मेडिकल कौंसिल, जयपुर द्वारा इस महाविद्यालय में जिन अभ्यर्थियों का पैरा मेडिकल डिप्लोमा कोर्स वर्ष 2019-20 की काउंसलिंग में कोर्स आवंटित हुए है वह अभ्यर्थी उपस्थिति देते समय PRINCIPAL, J.L.N. MEDICAL COLLEGE, AJMER के नाम 41500/- का डिमाण्ड ड्राफ्ट (डी.डी.) बनवाकर साथ लावें एवं राजस्थान पैरा मेडिकल कोर्स के नियमानुसार राजकीय चिकित्सालय द्वारा जारी चिकित्सा प्रमाण-पत्र (MEDICAL CERTIFICATE) जिसमें डॉ. का नाम, हस्ताक्षर, डिस्पेच नं. दर्ज हो। वहीं मान्य होग।


प्रधानाचार्य एवं नियंत्रक

Please Tick the relevant :-

Round No.....

Gender : Male / Female

Category :- SC / ST/ OBC /SBC /General/PH/WDP/WPP/EWS/Widos/Divorcee

Dated :

To,
The Principal
J.L.N. Medical College, Ajmer

Sub :- Joining for Centralized Admission to Paramedical Courses 2019 in your college

Sir,
I _____ S/ D / o _____ have been allotted resident of _____ paramedical (_____) course seat in your college through Rajasthan Centralized Admission Paramedical Course 2019 against my Application No. RPC- _____ & Merit No. _____ I am hereby submitting following original documents :-

1. Demand Draft No. _____ Dated _____ Amount Rs _____
2. 2 Passport size photo same as affixed on application
3. Print copy of the application form filled on-line
4. Allotment letter
5. Mark sheet of 10+2 (senior school certificate examination) or its equivalent
6. Date of Birth Certificate: 10th class mark sheet / certificate or any other equivalent certificate showing the date of birth
7. Copy of photo ID (Aadhar card/driving licence / PAN card / Govt. or PSU card / School ID card/ 12th class examination admit card)
8. Caste certificate (SC, ST Non creamy layer OBC Non Creamy layer SBC) issued by the competent authority, if applicable (original which was uploaded at the time of filling the on-line application form)
9. Domicile certificate by the competent authority.
10. EWS/PH/WDP (Wards of Defense Personnel) /WPP (Ward of Para-Military Personnel)/Widow/Divorce certificate, if applicable
11. Medical Certificate
12. Migration Certificate
13. Any other relevant certificate (s)

**Latest
Colour
Photo**

Yours Sincerely

MobileNo. (Self) _____ Mobile No. (Father) _____ Land Line No. _____ E-mail : _____	Signature of Student _____ Name of Student: _____ Address : _____ _____ _____
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-----**FOR OFFICE USE ONLY**-----

Online Verified
 Authorised Information Asssistant

Name :

Signature :

Date :

Deposited above Original documents Verified
 Authorised committee Head

Name :

Signature :

Date :

**Permitted
M.O. IC Paramedical Course**