



All India Medical & Para Medical Technology Institution Delhi

Reg. Office -280 Main Road Gautam Vihar Gonda Gujran Khadar Delhi

Adm. Office - Haibatpur Tiraha Riyaz Colony Barauly Bye Pass Road Aligarh

Web. - www.allindiaedu.in, Email - aim.pmti@gmail.com

PRACTICE REGISTRATION FORM

To,

The Registrar,
AIM & PMTI, New Delhi

Sir,

Photograph

I submit the following particulars for my in above mentioned course. Below are correct to the best of my knowledge and belief.

1. Candidate's Name(In Capital Letters)
2. Father's/Husband's Name
3. Date of Birth (Certificate be attached)
4. Educational Qualification
- A. B.E.No.....S.R. No.Year
- B. Name of Institute
- C. Year of Passing the Examination (Attached Photocopy Final Year Mark sheet & Certificate)
5. Permanent Address - H.No. Mohalla / Village Post.....
Distt..... State..... Pin Phone No.....
6. Full Address of Practice Place H.No. Mohalla / Village Post.....
Distt..... State..... Pin Phone No.
7. Details of Registration Fee Deposit Bank/Draft/MO/Cash.....
8. Internship Certificate from the Medical Institute/Private Hospital For a period 6 month Certificate.

Date -

(Sign. of the Candidate)

It is certified that Mr.....S/o Mr.
has signed in my presence & has completed all the Requisites formalities for Practice Registration for the said.

(.....)

Checked by

(.....)

College Seal

(.....)

Principal