



PARAMEDICAL COUNCIL UTTAR PRADESH

www.paramedicalcouncilup.org

Registration form

Reg.No.

Date.....

Course name for Registration.....

Name of education center.....

Name of the University-Board-Council awarding Certificate

Full Name Candidate.....

Photograph

Father's Name.....

Mother's Name.....

Aadhar card No. Date of Birth.....

Mobile No. Email id.....

Residential Address.....

Professional Address.....

Attach your Photo, Photocopy- Education certificate, Aadhar etc.

Terms and conditions on becoming a membership of council

1. I solemnly pledge to abide by all the rules for the service of the humanity.
2. Given under threat, I will not use my paramedical knowledge contrary to the laws of humanity.
3. I will maintain the utmost respect for human life.
4. I will not permit considerations of religion, nationality, race, political belief or secret standing to intervene between my duty and my patient.
5. The health of my patient shall be my first consideration.
6. I will respect the secrets which are confided to me.
7. I will give to my teachers the respect and gratitude which is their due.
8. I will maintain by all means in my power the honour and noble traditions of paramedical profession.
9. My colleagues will be my brothers and sisters.
10. I make these promises solemnly, freely and upon my honour.

Signature of the candidate