

EXAMINATION APPEARANCE FORM

To,
The Registrar
Institute of Para Medical Technology,
154/106, Chatterpur Hills,
New Delhi - 110 030.

Subject : Permission to appear in the Examination for Diploma Course
in

Dear Sir,

You are requested to permit me to appear in Half-Yearly/Final/Supplementary Examination of
Diploma Course in.....
of session..... for Ist / IInd /Final Year.

I here by deposit a sum of Rstowards Examination fees. The result Prepared / declared
by the examination body of **IPMT** will be acceptable and binding on me.

Thanking you,

Yours faithfully,

Date :

Place :

Signature of Student

Name : S/W/D/O :

Course : Class Roll No. :

Address :



*Forwarded by CENTRE INCHARGE
(Signature)*

Official Stamp

.....

(FOR NEW DELHI OFFICE USE ONLY)

Name S/W/D/O

Course Class Roll No. Session.....

Year Receipt No. Date Amount

(Signature Office Incharge)

EXAM. ROLL NO.....

(Controller of Examinations)