



**Form of application for issue of MIGRATION CERTIFICATE. (the Writing should be legible).
Lal Bahadur Shastri Paramedical Skill and Training Council Uttar Pradesh**

1. Name of the Applicant (In Block Letters): _____
2. Father's Name: _____
3. Residential Address: _____

4. Name of examination taken _____ Year _____
5. Course _____ Course Duration: _____
6. LBSPSTC Roll No. _____
7. Result: Passed / Failed / Absent: _____
8. Enrollment No.: _____
9. Name of the Institute from which the candidate took the last examination: _____

10. Details of the fee deposited: - DD/PO No. _____ Date: _____ Amount _____
11. (a) Whether the certificate is to be collected from the Council in person or to be sent by Post
please write –In person/By post _____

Ph (R) _____
PH (M) _____

- Note: (i) All the particulars required should be filled carefully by the applicant. LBSPSTC will not be responsible for any delay in case the form is not complete in all respects.
- (ii) **A Fee of 500/- through Demand Draft / Pay order in favour of LAL BAHADUR SHASTRI PARAMEDICAL SKILL AND TRAINING COUNCIL INDIA**
- (iii) Please Attach Attested Copy of Final Year mark sheet & Provisional Certificate issued by concerned Paramedical Institute.
- (iv) **The Complete filled & duly verified application in all respect may be submitted in Lal Bahadur Shastri Paramedical Skill and Training Council India on any working day from 2:00 P.M to 4:00 P.M.**

Dated: _____

(Signature of Applicant)

(TO BE FILLED IN BY THE INSTITUTION LAST ATTENDED)

Certified that the above entries made by the applicant are correct & duly verified from office record, and that he / she has paid Paramedical Courses dues up to

_____ (Mention month and Year)

**Seal and
Signature
Principal**

(To be filled by the Council's Office)

Fee _____ received vide receipt No. /D. D No. _____ Dated: _____

SIGNATURE OF THE CASHIER