

A.R. NO:

ACKNOWLEDGEMENT / INTIMATION CARD

**For the receipt of your application for admission to
PARA MEDICAL CERTIFICATE / DIPLOMA / COURSES IN MEDICAL
RECORD SCIENCE - 2011 – 2012 SESSION**

**You are requested to attend the counseling at Board of Para
Medical Education, King Institute of Preventive Medicine &
Research, Guindy, Chennai-32 on.....2011 with all original
certificates.**

**Secretary
Board of Para Medical Education
King Institute of Preventive Medicine
& Research, Guindy, Chennai-32**

**Write your mailing address and affix postal stamps to the value of
Rs.6.00 on the reverse in the space provided.**

A.R. NO:

PROVISIONAL SELECTION / INTIMATION CARD

**PARA MEDICAL CERTIFICATE / DIPLOMA / COURSES IN MEDICAL
RECORD SCIENCE - 2011 – 2012 SESSION**

**You are provisionally selected for admission to
..... course at**

**You are requested to appear before the Dean with all original
certificates.**

**Secretary
Board of Para Medical Education
King Institute of Preventive Medicine
& Research, Guindy, Chennai-32**

**Write your mailing address and affix postal stamps to the value of
Rs.6.00 on the reverse in the space provided.**



Affix Rs. 6/-
Postage
Stamp

To

.....

.....

.....

PIN CODE



Affix Rs. 6/-
Postage
Stamp

To

.....

.....

.....

PIN CODE

DO NOT FOLD

**GOVERNMENT OF TAMILNADU
MEDICAL EDUCATION DEPARTMENT**

**PROSPECTUS AND APPLICATION FORM:
ADMISSION TO PARA MEDICAL CERTIFICATE COURSES
IN**

GOVERNMENT MEDICAL INSTITUTIONS 2011 – 2012 SESSION

A.R. No:

From

THE DEAN

.....MEDICAL COLLEGE

.....

To

.....

.....

.....

Pin code

Note: Please verify whether Prospectus, Application Forms and Acknowledgement Cards are available.

DO NOT FOLD

**GOVERNMENT OF TAMILNADU
MEDICAL EDUCATION DEPARTMENT**

**PROSPECTUS AND APPLICATION FORM:
ADMISSION TO PARA MEDICAL DIPLOMA COURSES**

IN

GOVERNMENT MEDICAL INSTITUTIONS 2011 – 2012 SESSION

A.R. No:

From

THE DEAN
.....MEDICAL COLLEGE
.....

To

.....
.....
.....
Pin code

Note: Please verify whether Prospectus, Application Forms and Acknowledgement Cards are available.

DO NOT FOLD

**GOVERNMENT OF TAMILNADU
MEDICAL EDUCATION DEPARTMENT**

**PROSPECTUS AND APPLICATION FORM:
ADMISSION TO PARA MEDICAL COURSES IN MEDICAL RECORD SCIENCE
IN**

GOVERNMENT MEDICAL INSTITUTIONS 2011 – 2012 SESSION

A.R. No:

From

THE DEAN

.....MEDICAL COLLEGE

.....

To

.....

.....

.....

Pin code
.....

Note: Please verify whether Prospectus, Application Forms and Acknowledgement Cards are available.

**REGD. POST / SPEED POST / COURIERS SERVICE TO BE SENT TO THE SECRETARY,
BOARD OF PARA MEDICAL EDUCATION, KING INSTITUTE OF PREVENTIVE
MEDICINE & RESEARCH, GUINDY, CHENNAI-32**

A.R.No.

TO REACH THIS OFFICE ON OR BEFORE

26.09.2011 5.00 P.M.

**APPLICATION FOR ADMISSION TO PARAMEDICAL CERTIFICATE COURSES
IN GOVERNMENT MEDICAL INSTITUTIONS 2011 – 2012 SESSION**

COMMUNITY	O.C.	B.C	B.C.M.	MBC/DNC	SC	S.C.A	ST
(Encircle a Code)	1	2	2a	3	4	4a	5

NAME OF THE COURSE APPLIED

SPECIAL CATEGORY (Differently abled (Lower Limb only)	YES	NO

From : (Candidate's Mailing Address)

.....

 PINCODE
 CONTACT PHONE NO.

To

**THE SECRETARY,
BOARD OF PARA MEDICAL EDUCATION,
KING INSTITUTE OF PREVENTIVE MEDICINE &
RESEARCH, GUINDY, CHENNAI-600 032.**

**REGD. POST / SPEED POST / COURIERS SERVICE TO BE SENT TO THE SECRETARY,
BOARD OF PARA MEDICAL EDUCATION, KING INSTITUTE OF PREVENTIVE
MEDICINE & RESEARCH, GUINDY, CHENNAI-32**

A.R.No.

**TO REACH THIS OFFICE ON OR BEFORE
..... 5.00 P.M.**

**APPLICATION FOR ADMISSION TO PARAMEDICAL COURSES IN MEDICAL RECORD SCIENCE
IN GOVERNMENT MEDICAL INSTITUTIONS 2011 – 2012 SESSION**

COMMUNITY	O.C.	B.C	B.C.M.	MBC/DNC	SC	S.C.A	ST
(Encircle a Code)	1	2	2a	3	4	4a	5

NAME OF THE COURSE APPLIED

SPECIAL CATEGORY (Differently abled (Lower Limb only)	YES	NO

From : (Candidate's Mailing Address)

To

**THE SECRETARY,
BOARD OF PARA MEDICAL EDUCATION,
KING INSTITUTE OF PREVENTIVE MEDICINE &
RESEARCH, GUINDY, CHENNAI-600 032.**

PINCODE

CONTACT PHONE NO.