



VPCOI

(To Be Issued by the Office)

Registration Number

VPMCI/IRD/_____

(To Be Issued by the Office)

Certificate No.

VPMCI/_____

Vishwakarma Para -Medical Council of India

Under the Management of Department of Authentication, VUSEI, India's First Skill
University Since 1990 For Paramedical In-Service Personnel

MEMBERSHIP-CUM- REGISTRATION FORM

Name of Health/Para-Medical Professional _____

Date of Birth _____ **Age** _____

Father's/Mother's Name _____

Name of the Para-Medical Specialization _____

Name of the Training Institute _____

In-Service Experience/Full Time Practice of _____ **Years as** _____ **Or Fresher**

Residential Address _____

E.Mail _____ **Contact / Mobile No.(s)** _____

Two Medical / Para-Medical References

(1) **Name** _____ **Designation** _____ **Signature** _____ **Mob.No.** _____

(2) **Name** _____ **Designation** _____ **Signature** _____ **Mob.No.** _____

Please Enter the Above Specified Name in the Paramedical Register of Vishwakarma Paramedical Council of India, to Work or Practice as Full Time _____ Under the jurisdiction of Qualified Specialist. The Registration Number, which will be Valid Life Time Permanently and Transferrable to Any State Paramedical Council as per local rules. I am hereby remitting/ depositing/ transferring fund through Bank /NEFT From _____ Bank _____ Branch _____ or Direct Deposit in _____ Branch of Dena Bank Life Time Membership of Rs.5000/-

Dated _____

Signature

Applicant Health/Para-Medical Professional

INSTRUCTIONS

Deposit Rs.5000/- as Lifetime Membership of **Vishwakarma Paramedical Council of India** through NEFT from any Bank or Direct in any Branch of Dena Bank in favour of

**Vishwakarma University For Self- Employment, India, Current A/C-
051411023888, Dena Bank,Wazirpur Branch, Ashok Vihar,Delhi-110052.
IFSC Code - BKDN0710514.**

E.Mail Scan Copies of Diploma, Experience Certificate, if any, ID Proof, PAN No. Bank Deposit Receipt etc.