

Verification Form for other State

Name

Father/Husband Name

Qualification

Address

Phone No.

E-mail ID

Note: All attachment size must be less then 5MB

****Candidate Signature**

Choose File

Note: Signature photo must be ".jpg" file format
and maximum Height : 50px and maximum Width : 125px

Qualification of Examination Passed*

Drop down list Select
Qualification

Drop down list Select State

Date on which the qualification was obtained:*

Drop Down List
Select year

Drop Down List
Select Month

Institution from which appeared for the Examination (College Name)*

Drop Down List Select College Name

Name of Council/Board/University*

Drop Down List Select Council/Board/University Name

Internship Period From *dd/mm/yy

Open calendar

To *dd/mm/yy

Open calendar

Candidate Signature**

Choose File

Note: Signature photo must be ".jpg" file format
and maximum Height : 50px and maximum Width : 125px

Address Proof**

Choose File

4th year BHMS/DHMS Marksheet**

Choose File

Internship Completion Certificate **

Choose File

No objection Certificate**

Choose File

Cancellation Certificate**

Choose File

** Old Registration Certificate

Choose File