

Govt. of Bihar
DEPTT. OF HEALTH (MEDICAL EDUCATION)
P.C. & PNDT Competency based Evaluation Test

57

ADMIT CARD

Name of the Candidate (Capital Letter)
.....
.....

Full Sig. of Candidates

*Recent Passport
size photograph
self attested*

(for Office Use)

Name

Roll No.

Examination Centre :

Date of Examination :

Controller of Examination
Health Services, Bihar

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To,

The Controller of Examination
Health Services, Bihar, Patna.

*Recent Passport
size photograph
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Sir,

I request to permission to present myself at the ensuing P.C. & PNDT Competency based Evaluation Test.

Exam Fee Details :

D.D. No. Date

Amount

Bank Name

Your's obediently

.....

STATEMENTS

[Particulars to be filled in by the candidates.]

1. Name in full (Block Letters).....
2. Father's Name
3. Date of Birth
4. Educational Qualification
- 5 (a). Name of Institution & its Registration No. where he is working.....
.....
- 5 (b). Whether working in Govt. or Private Institution. (If working in Govt Institution as ultrasonographer, attach working certificate)
6. Permanent Address
7. Correspondence Address