

**EXAMINATION APPEARANCE FORM**

To,  
**The Registrar**  
Institute of Para Medical Technology,  
154/106, Chatterpur Hills,  
**New Delhi - 110 030.**

**Subject** : Permission to appear in the Examination for Diploma Course  
in .....

Dear Sir,

You are requested to permit me to appear in Half-Yearly/Final/Supplementary Examination of  
Diploma Course in.....  
of session..... for Ist / IInd /Final Year.

I here by deposit a sum of Rs .....towards Examination fees. The result Prepared / declared  
by the examination body of **IPMT** will be acceptable and binding on me.

Thanking you,

Yours faithfully,

Date :

Place :

Signature of Student

Name : ..... S/W/D/O : .....

Course : ..... Class Roll No. : .....

Address : .....

.....  
*Forwarded by CENTRE INCHARGE*  
*(Signature)*

*Official Stamp*

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**(FOR NEW DELHI OFFICE USE ONLY)**

Name ..... S/W/D/O .....

Course ..... Class Roll No. .... Session.....

Year ..... Receipt No. .... Date ..... Amount .....

**(Signature Office Incharge)**

**EXAM. ROLL NO.....**

**(Controller of Examinations)**