

Regular Exam Application Form:-

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Amaravathi, Vijayawada

Exam Application Form

Select Seat allotted from	Select
Select Course Name	Select
Examination	DECEMBER 2019
Student Name (As per SSC Certificate)	
Gender	Select
Date of Birth	DD-MM-YYYY
Place of Birth	
Father Name	
Mother Name	
Social Status	Select
Aadhar Number	
Mobile Number	
Education Qualification	
Education Qualification Certificate Number	
Education Qualification Certificate Year	
Mother tongue	Select
Student Address	
State	Andhra Pradesh
District	Anaparthi

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Education Qualification	<input type="text"/>	
Education Qualification Certificate Number	<input type="text"/>	
Education Qualification Certificate Year	<input type="text"/>	
Mother tongue	Select ▾	
Student Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
State	Andhra Pradesh ▾	
District	Anantpur ▾	
Date of Admission	DD-MM-YYYY	
Institution Name	Akbar Paramedical College, Anantapur ▾	
Examination fee paid	1500	
Examination fee receipt Number	<input type="text"/>	
Examination fee date	DD-MM-YYYY	
Identification Marks 1	<input type="text"/>	
Identification Marks 2	<input type="text"/>	
Photo	<input type="button" value="Choose File"/> No file chosen Photo Size 448*336 pixels (Size Between 25Kb to 150Kb)	
	Subject / Papers	Attendance
	Internal Marks	
1) Theory - Paper 1	<input type="text"/>	<input type="text"/>
2) Theory - Paper 2	<input type="text"/>	<input type="text"/>
3) Theory - Paper 3	<input type="text"/>	<input type="text"/>
Practical's	Practical -1	
	<input type="button" value="Submit"/>	

Andhra Pradesh Para Medical Board

Amaravathi, Vijayawada

Exam Application Form

Hall Ticket Number	1672101
Examination	DECEMBER 2019
Course Name	Diploma in Multipurpose Health Assistant (Male) (Two Years) Course
Student Name	Baligalla Hari Krishna
Gender	Select ▼
Date of Birth	DD-MM-YYYY
Place of Birth	
Father Name	Baligalla Obanna
Mother Name	Pamakka
Social Status	Select ▼
Mobile Number	
Education Qualification	
Education Qualification Certificate Number	
Education Qualification Certificate Year	
Mother tongue	Select ▼
Student Address	
State	Andhra Pradesh ▼
District	Anantpur ▼

Supplementary application Form:-

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Education Qualification Certificate Year	<input type="text"/>
Mother tongue	Select <input type="text"/>
Student Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
State	Andhra Pradesh <input type="text"/>
District	Anantpur <input type="text"/>
Date of Admission	DD-MM-YYYY <input type="text"/>
Institution Name	Ajay MPHA (M) Training Institute , Proddatur , Y.S.R. Kadapa Dist, A.P. <input type="text"/>
Examination fee paid	750 <input type="text"/>
Examination fee receipt Number	<input type="text"/>
Examination fee date	DD-MM-YYYY <input type="text"/>
Aadhar Number	<input type="text"/>
Identification Marks 1	<input type="text"/>
Identification Marks 2	<input type="text"/>
Photo	Choose File No file chosen Photo Size 448*336 pixels (Size Between 25Kb to 150Kb)
Subject / Papers	
	last appearing exam Internal Marks and exam appearing
1) Theory - Paper 1	yes <input type="text"/>
2) Theory - Paper 2	yes <input type="text"/>
3) Theory - Paper 3	yes <input type="text"/>
Practical's	Practical -1 yes <input type="text"/>
<input type="button" value="Submit"/>	

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