



**ALL INDIA COUNCIL FOR
PARAMEDICAL PROFESSIONALS**
ADVANCING, INSPIRING, CONNECTING PARAMEDICAL PROFESSIONALS

Date :-/...../.....

CGS Renewal Form

To
The Registrar,
All India Council for Paramedical Professionals

Passport Size
Photo

Application for Renewal of CGS (Registration No): _____

Applicant Details

Name of the Applicant	
Father's Name	
Date of Birth	
Gender	
Aadhaar Number	
Nationality	
Permanent Address with Pin	
Correspondence Address with Pin	
Mobile/Phone	
Email ID	

Details of Allied and Healthcare Qualification for Which Registration is Applied

Name of Course	Name of University/College	Duration of Course	Date of Admission	Date of Passing Year

Payment Details

Date of Payment	Amount Paid	UTR No.

Declaration by the Applicant

I have read and understood the council's rules and regulations and provided accurate information and documents. I agree to submit any additional documents if required. I know that my registration may be cancelled, and appropriate action may be taken if the provided information is incorrect or misleading.

Signature of the Candidate

For Office Use Only

Date	UTR No.	Renewal Fee	Registration No