



#### APPLICATION FOR REGISTRATION UNDER COUNCIL

Karnataka State Allied & Healthcare Professions Council

Please fill up the following information to apply for Fresh Registration / Renewal of Registration / Duplicate Registration / Additional Registration, Kamataka

← PREVIOUS	Aadhar Number	Email	Permanent Address Line 2	Gender Select Gender	Father/Spouse Name	Registration Type Select Type Choose the type of registration you are applying for	Personal Information
→ NEXT		Nationality Indian	Mobile Number	Permanent Address Line 1	Date of Birth  dd-mm-yyyy	Full Name *	Education Details

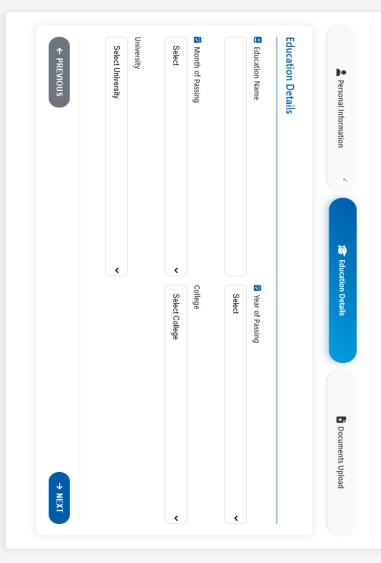
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