KERALA PARAMEDICAL COUNCIL GOVERNMENT OF KERALA

APPLICATION FOR REGISTRATION AS PARAMEDICAL PERSONNELS

:

1.	Name and Address of the Applicant with
	district(Inblock letters as in SSLC)

Phone No. with STD code	:
Mobile No.	:
Email	:

2. Address to which communications are to be sent :

3.	Date of Birth in figures (in Christian era)	:
4.	Date of Birthin words	:
5.	Nationality	:
6.	Sex	:
7.	Father's Name (inblock letters)	:
8.	Nationality of Father	:
9.	Native Place of Father	:
10.	Official Address of the applicant	:

11. Educational qualification

	Name of					
SI	thecourse	Name& Address of the	Period of	Year of	Percentage	Name of University/Board under which the
No	(from SSLC	Institute/College	study	Pass	of mark	course was conducted
	onwards)					
1						
2						
3						
4						
5						
6						
7						
			1	1	1	

Paste a passport size photograph of the applicant and that has to be attested by a Gazetted officer

12. Experience

Sl.No	Name of Hospital/ Institute/College	Period of work (Eg-12/2/04 to15/5/05)	Total experience (eg-1year&3 months)	Nameaddress of Head of institute with phone/mob.No

13. State the category to which the registration sought (See the instruction)

14. State the medium of instruction of training

15. Details of remittance of registration fee

Transaction Reference Number/Journal Number/UTR Number:

(Enclose original counterfoil with transaction reference number noted on it)

Bank and Branch of Payment

Date of Payment

DECLARATION

:

:

:

I......(Name) hereby declare that the statement made in the form are true to the best of my knowledge and belief and that I am free from the disqualification mentioned in the sections of paramedical council bill/Act and promise in the event of my being registered and in consideration their of to be bound by and to conform in all respects to the rules, regulations etc. framed by council from time to time in force.

Place : Date : Signature

Name

<u>lnstructions</u>

- 1. Registration will not be allowed if the degree/Diploma/certificate /course were issued from a College/Institute /University not recognized by the paramedical council for which the registration is sought.
- 2. For PMC Registration Certificates students should remit a fee of Rs.500 towards application fee to the account of <u>SECRETARY, PARAMEDICAL COUNCIL (ACC. NO: 57036990991; IFSC: SBIN0070028</u>) via NEFT/Direct Transfer. Original Counterfoil/Receipt clearly showing the Transaction Reference Number (UTR Number/Journal Number) must be attached along with the application. DEMAND DRAFTS WILL NOT BE ACCEPTED. Registration fee will not be refunded at any reason.
- 3. Applicants who want to register as Health inspector shall submit their application before the Principal, Government Public Health Training School, Vanchiyoor P O, Thiruvananthapuram 695035.
- 4. Applicants who want to register in the following categories shall submit their application before the Director, Directorate of Medical Education, Medical College. P O, Thiruvananthapuram-695011.
 - i. Medical Laboratory Technician/Blood bank Technician
 - ii. Radiographer/X-Ray technician
 - iii. Ophthalmic assistant/Optometrist
 - iv. Dialysis technician
 - v. Operation theatre Technician
 - vi. Neuro technician
 - vii. Physiotherapist
 - viii. Cardiac technician
 - ix. other courses approved by Paramedical council
- 5. No need of separate covering letter together with the application for registration.
- 6. Three recent and identical passport size color photographs are to be used. One should be pasted on the space provided on the application form and that should be attested by a gazette officer/Head of the Institution where the candidate is studying/has studied for the qualifying examination. The other two copies of photograph (unattested) should be enclosed with the application and his /her name and date of birth should be printed on its bottom.
- 7. The following documents should be enclosed with the duly filled application form in the order below
 - i. Original Counterfoil of the transaction made to the account of Secretary Paramedical Council with Transaction reference number correctly noted on it.
 - ii. Copy of the Government letter of permission for the recognition of the course in case of private /self financing institutes
 - iii. Attested copy of SSLC or equivalent qualification to prove the date of birth.
 - iv. Attested copy of +2 mark list (both sides) or equivalent qualification.
 - v. Attested copy of qualifying technical /academic qualification (both sides) for which registration is sought (2 copies).
 - vi. Attested copy of all additional qualification for which registration is sought (2 copies).