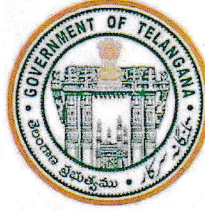


**B.Prem Kumar**  
**BE.LLB,MBA**  
**Secretary**



Mobile: 040-24653519  
#306, Telangana Directorate of  
Medical Education Office Complex,  
Koti, Hyderabad-500 095  
Email: [secy\\_pmb@telangana.gov.in](mailto:secy_pmb@telangana.gov.in)  
Website: [www.tspmb.telangana.gov.in](http://www.tspmb.telangana.gov.in)

## **TELANGANA STATE PARAMEDICAL BOARD**

Circular Lr.No.029/TSPMB/2024 dated 06-03-2024

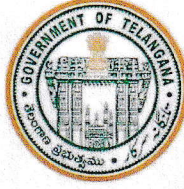
Sub: TSPMB-Paramedical examinations held in October 2023-  
Application for recounting of marks from 06-03-2024 to  
13-03-2024 -Details of payment of fee -Regarding.

\*\*\*

The students of Government and private para medical colleges who wants recounting of their answer scripts are informed that they shall apply for recounting of marks by paying the prescribed fees of Rs.500/- (Rupees Five Hundred only) for each paper **from 06-03-2024 to 13-03-2024** in favour of Secretary, Telangana State Para Medical Board, Hyderabad in **A/c No. 060411100000043 of Union Bank of India, IFSC: UBIN0814245**, Kendriya Sadan Branch, Koti Hyderabad. If the student wants to recounting of marks for more than one paper he/she has to pay Rs.500/- for each paper.

They are informed that there will not be any recounting for practical papers and also informed that it is only recounting and not the revaluation.

Secretary 6/3/24



## TELANGANA STATE PARA MEDICAL BOARD

306, Telangana Directorate of Medical Education Office Complex, Koti, Hyd-95  
Email: [secy\\_pmb@telangana.gov.in](mailto:secy_pmb@telangana.gov.in) Website: [www.tspmb.telangana.gov.in](http://www.tspmb.telangana.gov.in)

### APPLICATION FORM FOR RECOUNTING FOR VALUED SCRIPTS

01. Name of the Candidate :
02. Hall Ticket No. of the Candidate :
03. Institution of the Candidate :
04. Exam Centre :
05. Address for communication :

06. Subject for which the candidate desirous to apply for RECOUNTING.

Course	Paper I - II - III	Marks secured as per result declared by the Board	Amount paid

07. Details of Fees Paid through :

- a) Challan. No & Date. :
- b) Name of the Bank and Place : Union Bank of india,  
Kendriya Sadan Branch  
Saving Ac. No. 060411100000043
- c) Amount of Rs.500 per paper in favour of Secretary TS Para Medical Board, Hyd.

### DECLARATION

I declare that I will abide by the rules and regulations laid down by the Telangana State Para Medical Board, Hyderabad for recounting. I enclose herewith a true copy of the hall ticket & marks statement downloaded online from the Board Website.

**SIGNATURE OF THE CANDIDATE.**