



Application No.

Date:

**TELANGANA PARA MEDICAL BOARD**

Room Number.306, 2<sup>nd</sup> Floor, Directorate of Medical Education Complex,  
Koti, Hyderabad – 500 0095, **Phone:** 040- 2465 3519

Website: [www.tgpmb.telangana.gov.in](http://www.tgpmb.telangana.gov.in) Email: [secy\\_pmb@telangana.gov.in](mailto:secy_pmb@telangana.gov.in)

**Application for Renewal of Registration**

To  
The Secretary,  
TG Para Medical Board, Hyderabad

fix Recent  
Photograph of the  
applicant

**[Note: Application has to be filled in Capital Letters Only]**

Sir,

I \_\_\_\_\_ (Applicant name),  
S/D/o \_\_\_\_\_ (Mother Name)  
S/D/o \_\_\_\_\_ (Father Name),  
Mother tongue \_\_\_\_\_ (Telugu/Hindi/Urdu/other),  
Nationality \_\_\_\_\_ (Indian/NRI/Foreign)  
Resident of \_\_\_\_\_ (District)  
request you to register my Paramedical \_\_\_\_\_ (Course Name)  
studied in \_\_\_\_\_ institution (College Name)  
with Telangana Para Medical Board and issue certificate of Registration.

**The following documents in original along with one set of photocopy are enclosed.**

- (1) Existing Certificate of Registration (enclosed the original certificate)
- (2) Certificate of SSC
- (3) Intermediate Certificate
- (4) Paramedical Course Completion Certificate
- (5) Marks Memo of Paramedical Course
- (6) Two Photographs
- (7) Aadhar Card

(8) **For Vocational candidates-----** Apprenticeship/Clinical Training certificate along with allotment Letter and Attendance sheet for the training in 100 Bedded Government Hospital.

(9) **Receipt of the Registration -----** fee Application form fee of Rs.100/- and Registration fee of Rs.300/- for registration and Rs.100/- for postal charges. An amount of Rs.100/- as fine for each year of completion paid through online In favour of **Secretary, Telangana Para Medical Board, in Account No. (060411100000043) of Union bank of India, Kendriya sadan branch, Koti, Hyderabad.**

**Permanent Residential Address:**

**Declaration:**

I declare that the particulars furnished above are true and complete to the best of my knowledge and belief. I hereby declare that I have read over the instructions carefully and agreed to abide the rules and regulations of the T.S.Para Medical Board. If any information is found incorrect you have every right to cancel my registration without any notice.

**Signature of the witness  
Name:**

**Signature of Applicant  
Name:  
Mobile No:  
Mail Id:**