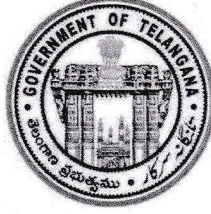


FORM-I [Under Rule 12(1) of T.G. Para Medical Board Rules 2015]



Application No.
Date:

TELANGANA PARA MEDICAL BOARD

Room Number.306, 2nd Floor, Directorate of Medical Education Complex,
Koti, Hyderabad – 500 0095, **Phone:** 040- 2465 3519
Website: www.tgpmb.telangana.gov.in Email: secy_pmb@telangana.gov.in

Application for New 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) Certificate of SSC
- (2) Intermediate Certificate
- (3) Paramedical Course Completion Certificate
- (4) Marks Memo of Paramedical Course
- (5) Two Photographs
- (6) Aadhar Card

- (7) **For Vocational candidates-----** Apprenticeship/Clinical Training certificate along with allotment Letter and Attendance sheet for the training in 100 Bedded Government Hospital.(These certificates will be verified by the Board with the concerned Hospitals and Registration certificate will be issued only after Verification)
- (8) **For other state studied candidates-----** Should produce copy of certificate of registration of the concerned state Board/council and also NOC from the concerned state Board/council. If the state does not have Board /council, then should produce a letter from the concerned state DME indicating that there is no Board /council to register in their state.
- (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.G.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:**