



**Application fee: ₹1000**

**FORM XIII**  
**[Under rule 17(1) of**  
**Telangana Para Medical Board Rules, 2015]**  
**Telangana Para Medical Board**  
**HYDERABAD**

**APPLICATION FORM FOR RECOGNITION OF**  
**PARAMEDICAL EDUCATIONAL AND TRAINING INSTITUTION**

(to be submitted in duplicate)

1. Name of the Para Medical Educational and Training Institution with its full address including phone numbers & e-mail ID :
2. Name of Director or Authorized person for correspondence :
3. Name and Address of Educational Society/Trust which established the Institution (please enclose copy of Bye- Laws) :
4. a) Whether the accommodation is owned by the Institution? If it is on lease / rent, what is the period and conditions thereof :  
b) (Please enclose the lease/rental deed)
5. The date of Establishment of Institution :
6. Total area of Institution: :  
a) Open area  
b) Constructed area  
(one set of photographs of the premises with its functional areas to be furnished)
7. Number of courses offered & their details :

8. Names of faculty members with their :  
Registered numbers from  
Boards/Councils
  
9. No. of Supporting staff (Please :  
enclose list)
  
10. The list of Equipment and Furniture :  
available  
(Please enclose the details)
  
11. Details of Laboratory :
  
12. The financial position of the Institute :
  
13. Any other information relating to :  
Hospital
  
14. Essentiality Certificate issued to :  
the institution vide G.O.Ms.No.  
\_\_\_\_\_ dated \_\_\_\_\_
  
15. Particulars of the recognition fee :  
paid (D.D/challan drawn in favour  
of Secretary, Telangana Para  
Medical Board, in Account No.  
(06041110000043) of Union bank  
of India, Kendriya sadan branch,  
Koti, Hyderabad.

I hereby declare that the information furnished above is true to the best of my knowledge and belief and if it is found later that any wrong information is furnished or suppressed the material facts, I will take full responsibility for the consequential action as per law. I further declare that the institution is willing to comply with the prescribed rules.

Place:  
Dated:

Signature  
(Name and Designation with  
full address and seal of the  
Institution)