

GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

Acts - Andhra Pradesh Para Medical Board Act, 2006 (Andhra Pradesh Act 38 of 2006) – Rules under sub-section (1) of Section 44 of the Act--Notification -Issued.

HEALTH MEDICAL AND FAMILY WELFARE (K2) DEPARTMENT

G.O.Ms.No 128.

Dated 25-04-2007.
Read the following:

The Andhra Pradesh Para Medical Board Act, 2006 (Andhra Pradesh Act 38 of 2006) published in Andhra Pradesh Gazette, Part-IV –B Extraordinary issue dated 25-09-2006

ORDER:

The appended notification shall be published in the Extraordinary issue of the Andhra Pradesh Gazette dated 01-05-2007: -

NOTIFICATION

In exercise of the powers conferred by **Section 44** of the Andhra Pradesh Para Medical Board Act, 2006 (Andhra.Pradesh.Act No.38 of 2006), the Government of Andhra Pradesh hereby makes the following rules namely: -

1. Short title, extent and commencement:

These Rules may be called as the Andhra Pradesh Para Medical Board Rules, 2006.

2. Definitions:

- (1) In these rules, unless the context otherwise requires: -
 - (a) “Act” means the Andhra Pradesh Para Medical Board Act, 2006.
 - (b) “Annexure” means annexure appended to these rules.
 - (c) “Form” means a Form appended to these rules.
- (2) All other words and expressions used herein and not defined but defined in the Act shall have the same meaning respectively assigned to them in the Act.

3. Payment of fees and allowances:

- (1) The Non-Official Members of the Board shall be entitled for a sitting fee of Rs.1000/- (Rupees one thousand only) per day, on the day of meeting officially convened.
- (2) All the Members of the Board shall be entitled to Traveling Allowance equivalent to the second-class AC fare of express train and daily allowance of Rs.300/-(Rupees three hundred only) per day for official tours and journeys, as may be changed from time to time.

Provided that the official members including President and Vice-President shall not draw the said amount from department where there are working.

4. Method of appointment of Secretary:

- (1) Government shall appoint an Officer or Retired Officer not below the rank of Joint Secretary to Government as Secretary of the Board.
- (2) In the event of appointing a serving officer as Secretary of the Board, he/she shall be entitled to his own pay and allowances drawing in his parent department prior to his appointment as Secretary to the Board. He is also entitled to draw his regular annual grade increments.
- (3) In the event of appointing a Retired Officer as Secretary, he/she shall be entitled to receive such emoluments as may be fixed by the Government from time to time.

5. Maintenance of registers:

- (1) Separate Form of Register shall be maintained for each Para Medical Technician / Professional declared as such by the Government.
- (2) The Form of Register shall be maintained both manually and electronically.
- (3) Secretary of the Board is the custodian of the registers and verify the same by the end of the each month
- (4) The Secretary of the Board shall issue a Certificate of Registration in the prescribed **Form- III** appended to these rules on entering the particulars in the register.
- (5) If the original Certificate of Registration is lost, a candidate shall apply for a duplicate certificate through the institution from which he obtained training along with the production of documentary evidence for loss of original certificates and with the payment of fee as prescribed in **rule-8**. The word "DUPLICATE" shall be clearly printed across the Certificate of Registration (Duplicate) in the same **Form – III**
- (6) Where the address of any Para Medical Technician /Professional found to be incorrect subsequently, the Secretary shall write a registered letter to him with acknowledgement due at his last known address available in the register and ask him to furnish his correct address. The Secretary may also make other endeavors to ascertain the correct address.
- (7) If no information regarding the correct address is received from the Paramedical Technician/Professional or from any other authentic source, the word "Correct address not found" shall be entered in the address column of the register against the name of the Paramedical Technician / Professional.
- (8) Where authentic information is available that a Paramedical Technician / Professional is dead, the Secretary shall delete his name from the register concerned.
- (9) All persons registered by the Board under whatever Degree/ Diploma or Certificate are legally qualified for the practice as Paramedical Technician / Professional.

- (10) Every person shall apply to the Secretary to the Board, one month before the due date for renewal of his Registration along with the fee prescribed in **rule-8**.
- (11) If application for renewal is received after due date, his name is liable for removal from the registrar. Unless the fine prescribed along with the renewal fees is paid to the Board, his/her name will not be restored / reentered in the register.

6. Meetings of the Board:

The President shall chair all meetings of the Board. If the President is absent, the Vice-President shall chair the meeting.

7. Seal of the Board:

The Board shall have a seal. The Secretary shall sign every instrument to which seal is to be affixed

8. Fees:

The following fees shall be payable to the Board by the Para Medical Technician / Professional and Para Medical Educational and Training Institutions for various purposes by a demand draft drawn on a nationalized bank in favour of the “Director of Medical Education, payable at Hyderabad.” and submit to the Secretary of the Board.

1. Para Medical Technician / Professional, -

Sl. No	Purpose	Amount In Rs..
1	Registration / Renewal of Registration	100/
2	Every additional qualification	100/-
3	Penalty for restoration of the name to the register after removal for non-payment.	100/-per month
4	Certified copy of an entry in the register	100/-
5	Issue of duplicate certificate	200/-
6	Application form for Registration or Renewal of Registration	100/-

2. Para Medical Educational and Training Institutions.-

Sl. No	Purpose	Amount InRs.
1	Recognition of the institution	10,000/-
2	Change of address of the establishment	3,000/-
3	Issue of duplicate certificate of Recognition	3,000/-
4	Inspection for enhancement of seats per each course	10,000/-
5	Application form for Recognition of Para Medical Educational and Training Institutions (in duplicate)	1,000/-

9. Annual accounts:

The annual accounts of the Board shall be audited and certified by the Auditors as prescribed in Section 29(2) of the Act and forwarded along with the annual report to the Government.

10. Offences and penalties:

If the Board comes to a conclusion based on any enquiry report that any offence coming within the purview of any of the provisions under Sections 30, 31, 32, & 34 of the Act has been committed by any Institution and there is established evidence that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of any Director, Manager, Doctor,

Para medical technician / Professional or any other officer in-charge of the said Institution, a complaint can be lodged against the such person or Institution either by the Secretary or by an officer authorized by the Board

11. Eligibility for Registration:

Any person who possesses the recognized qualification as defined in the Act, shall be eligible for Registration of his /her name under the provisions of the Act.

12. Registration:

- (1) Any person seeking registration under Section 20 of the Act shall apply to the Secretary of the Board in prescribed **Form I** furnishing full particulars of the information required therein. He / she shall attach to the application the original Degree / Diploma / Certificate along with a Photostat copy and payment of fees prescribed in **rule 8**
- (2) The Paramedical Technician/ Professional herein after shall register his/her name within a period of three (3) months from the date of obtaining certificate. After entering the name in register, the original certificate (s) shall be returned to the applicant
- (3) The Secretary or a person authorized in this behalf, shall acknowledge the receipt of application for registration in the prescribed **Form-II**.
- (4) Every applicant whose name has been entered in the register shall be entitled to receive a Certificate of Registration from the Secretary in the prescribed **Form III**.
- (5) **Form of Register** as prescribed in **Annexure –I** shall be authenticated by the Secretary.
- (6) The Secretary may reject the grant of registration by recording the reasons therefor in the prescribed **Form-IX**.

- (7) An Appeal can be filed by the applicant who is aggrieved by the rejection to grant registration to the Board in the prescribed **Form-X**.
- (8) Sufficient space shall be left for future additions or change of address or qualifications, etc.,
- (9) Every registration shall be valid for a period specified under Sub-section (1) of the Section 21 of the Act.
- (10) Applicant for registration shall in all cases specify in the application the names and address of atleast two persons willing and able to give evidence of good moral character of the applicant: -
 - (a) One of them should be a Medical Practitioner and not being a relation of the applicant who knows the applicant personally for not less than three (3) years.
 - (b) Another person shall be a person in whose employment the applicant is on the date of application or who has employed the applicant at any time within (2) two years prior to such date or from a Gazetted officer in case of the applicant being unemployed.
- (11) In the event of certificate issued under sub rule (4) above being lost or destroyed, the holder may at any time during which such certificate is in force, apply to the Secretary for a duplicate certificate and the Secretary may, if he thinks fit on satisfactory proof as to the identity of the applicant, grant such certificate on payment of the fees prescribed. Certificates issued under this shall be marked "duplicate".
- (12) Application for Registration of any additional qualification shall be submitted in prescribed **Form IV** to the Secretary along with the payment of fees prescribed in **rule 8**. The Secretary or authorized person in his office in this behalf shall acknowledge the receipt of application for registration of additional qualification in acknowledgement slip as prescribed in **Form-II** annexed to these rules.
- (13) On Registration of any additional qualifications, the Secretary shall grant such a certificate prescribed in **Form-V**.
- (14) Every person who registered his/her name with the Board shall intimate to the Secretary about change of his/her address within fifteen (15) days.
- (15) Certified copies of the entries in the register prescribed in **Annexure-I** may be issued to any one on payment of the fees prescribed in **rule-8** for genuine purpose only.

13. Renewal of Registration:

- (1) The holder of the Certificate of the registration issued under **rule-12 (4)** shall submit an application prescribed in **Form-VI** to the Secretary to renew his / her registration at least three (3) months before the expiry of the period of validity of the certificate of registration along with the fees prescribed in **rule -8**.
- (2) The application so received, shall be examined and a certificate of renewal of registration prescribed in **Form-VII** issued to the applicant before expiry of the said period of validity of Certificate of registration.
- (3) If renewal fee is not paid before the due date, the Secretary shall remove the name of the defaulter from the register under intimation to the technician and the authority where he is working.

14. Removal of name from the register:

- (1)
 - (a) Whenever any information is received that a holder of certificate of registration is involved in the acts mentioned in Section 22 of the Act has been convicted of an offence by any judicial authority in relation to his/her professional conduct has been found guilty or any misconduct involving moral turpitude, the Secretary after making enquiries relating there to and after a written explanation is called for from the holder, shall place the matter before the Board and the Board may remove the name of the holder from the register permanently or for a specified time.
 - (b) In case where an appeal is pending against conviction and the conviction is not stayed / suspended by the competent court, it shall be competent for the Board to remove the name of the individual from the register after giving an opportunity to the individual for making representation and his name can be restored after the acquittal by the competent court subject to payment of fees and penalty under these rules.
- (2) In case of removal of the name from register for the facts mentioned under Section 22 of the Act except those cases referred to in sub-rule (1) of this rule, the Secretary shall send a register notice in writing in **Form-VIII**, specifying the nature and particulars of the charge against the holder and informing the time, date and place at which the case will be heard at least by giving twenty one (21) days time for being heard. The registered notice shall be posted to the address of the holder as given in his/her application for registration.
- (3) If the holder does not either attend in person or by a representation, the Board may proceed with the records available and decide the case.
- (4) The Secretary shall communicate the decision of the Board by a registered letter prescribed in **Form-X** to the individual and the authority, if any, where he /she is working
- (5) In case of removal of the name of holder from the register, the Secretary shall delete his / her name from the register and cancel his / her certificate.

15. Restoration:

On receipt of application as prescribed in **Form –XII** by the applicant along with the payment of renewal fees and penalty as prescribed in **rule-8**, the name removed due to non payment of renewal fee before due date, may be restored to the register .

16. Institution not recognized under the Act shall not establish Institution :

No person shall establish a Para Medical Educational Training Institution or conduct any paramedical course for preparing students to acquire any recognized qualification without prior recognition of the Board.

17. Recognition of Para Medical Educational and Training Institutions:

- (1) A person or an existing institution offering training and preparing students to acquire any qualification in paramedical courses shall submit the application in the prescribed **Form-XIII** (in duplicate) to the Secretary of the Board for recognition of the institution along with the fee prescribed in **rule-8**.
- (2) If an existing institution is offering training in more than one course, it shall apply for separate recognition for each course of training.
- (3) The Secretary or any person authorized in this behalf shall immediately acknowledge the receipt of the application for recognition in the prescribed **Form-XIV**.
- (4)
 - (a) As soon as an application is received from the existing institution, a temporary certificate of recognition prescribed in **Form XV** shall be issued by the Secretary to the applicant-institution within a period of fifteen (15) days subject to the condition that the facilities in accordance with the standards fixed by the Board shall be provided within a period of one year from the date of granting temporary recognition.
 - (b) The Secretary shall get an enquiry conducted on the availability of facilities in such Institutions and communicate the deficiencies to the said Institutions for rectification within the said period of temporary recognition.
 - (c) The said Institution shall rectify the defects and inform the same to the Board at least forty five (45) days earlier before the expiry of the temporary recognition.
 - (d) The Secretary shall get the facts of rectification of defects for deficiencies submitted by the institution verified and if found correct, recognition to such institution can be granted in **Form-XVI**.
 - (e) In case of deficiencies subsist, the temporary recognition shall be withdrawn in **Form- XVII**. as specified in Section 24 (6) of the Act.

- (5) On receipt of an application from a new institute for recognition, the Secretary of the Board shall conduct an enquiry /inspection of the institution within a period of three (3) month by an inspection team of the Board.
- (6) The Inspecting officers so appointed by the Board shall inspect and submit a report with reference to the availability of minimum standards prescribed in Annexure–II and also detailing the specific deficiencies to be corrected, if any.
- (7) Copy of the inspection report pointing out the deficiencies, if any, shall be communicated to the Applicant-Institution within ten (10) days from the date of receipt of inspection report with a direction to rectify the deficiencies pointed out and inform the Secretary within a period of two months.
- (8) The Applicant-Institution shall cooperate and provide all the relevant information and necessary assistance to the inspecting officers for expeditious and satisfactory completion of the inspection formalities. Refusal of entry of inspection teams to the Applicant-Institution and non-cooperation during inspection is liable for rejection of the application for recognition under the provisions of Section 24 (3) of the Act

18. Certificate of Recognition:

- (1) Based on inspection reports, the Secretary shall grant the Applicant-Institution a Certificate of Recognition (in duplicate), in the prescribed **Form-XVI**, after satisfying himself that the applicant- institution has complied with all the minimum requirements and facilities prescribed in the **Annexure-II** and also the qualifications of the faculty in accordance with the standards to be fixed by the Board from time to time.
- (2) One copy of the Certificate of Recognition shall be displayed prominently at the reception /entrance of the Institution. The Secretary shall clearly specify in the certificate the course of training under which the Institution is recognized, with intake capacity.
- (3) The Certificate of Recognition shall be non-transferable.
- (4) In the event of any change of ownership, management or name of the institution, the Secretary shall be intimated before such change with necessary documents and the existing certificate be surrendered to the Secretary so as to issue a revised certificate of recognition incorporating the changes.
- (5) On ceasing to function as an institution, or in case there is a change of course or change in address, both copies of the certificate of recognition shall be surrendered to the Secretary and fresh certificate of recognition shall be obtained after following the prescribed procedure.

19. Withdrawal of Recognition:

- (1) The Secretary on receipt of reliable information that the recognized institution has been guilty of any misconduct or on a written complaint that institution is violating any of the terms and conditions of the recognition or any of the given directions or has contravened any of the provisions of the Act or these Rules, after making enquiries thereto shall place a report before the Board.
- (2) The Board after considering the report of the Secretary shall appoint an enquiry committee under Section 25 of the Act to enquire into the matter and to submit a report to the Board.
- (3) The committee shall give an opportunity to the person managing that Institution for making representation and receive necessary documentary evidence, if any, and submit a report to the Board.
- (4) On receipt of report from the enquiry committee, it is competent for the Board to pass an order under Section 25 of the Act withdrawing the recognition of the Institution.
- (5) Before passing the order, the Board shall issue a notice in the prescribed Form-XVIII for withdrawal of recognition giving an opportunity to the person managing that Institution for making representation within a period of seven (7) days from the date of receipt of the notice.
- (6) If the Institution does not make representation within the stipulated time, the Board may proceed with the records available with it and decide the matter.
- (7) The decision of the Board for withdrawal of recognition of the Institution shall be communicated by the Secretary in the prescribed Form-XIX to the institute and all other concerned.

20. Inspection of the Institutions:

- (1) The Board shall appoint inspecting officers under section 27 of the Act consisting of two doctors one of whom shall be a Professor/ Associate Professor of the subject concerned and one representative of the Board to conduct inspections for recognition or for periodical inspections of the institutions whether the required standards of training/faculty are being maintained satisfactorily etc, The institutions shall cooperate with inspection team(s) of the Board for satisfactory completion..
- (2) The Secretary or any officer authorized by the Board may enter into the premises of any recognized institutions to make any enquiry or inspection

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

P.K. AGARWAL
PRINCIPAL SECRETARY TO GOVERNMENT

To

The Commissioner, Printing, Stationery and Stores Purchase, Hyderabad (2copies).He is requested to publish the Notification in the A.P. Gazette send 200 copies of the Telugu and English versions of the Notification to Government.

The Director of Translation, Abids, A.P., Hyderabad. (with a request to translate the Notification into Telugu and furnish the same to the Commissioner of Printing, Stationery and Stores Purchase, Hyderabad immediately, under intimation to Government).

The Legislature Department.

All Members of the A.P. Para Medical Board, Hyderabad.
The V.C., Dr. N.T.R University of Health Sciences, Vijayawada.
The Commissioner of I&PR, AC Guards, Hyderabad (for publicity)
All HOD's. under the control of HM&FW Dept.,
All Sections in HM & FW Dept, Secretariat
All District Medical & Health Officers.
All Principals of Govt. Medical Colleges.
The General Secretary., A.P. Private Para Medical Managements Association, Hyd-1
The Secretary., Indian Medical Association, Koti, Hyderabad.
The Accountant General (A&E), A.P., Hyderabad.

Copy to:

The Prl. Secy., to Governor, Raj Bhavan, Hyderabad.
The Spl. Secy. to Chief Minister.
The P.S. to Minister (Finance and Health).
The P.S. to Minister (P.R.)
The P.S. to Minister (Home)
The P.S. to Secy., Law (Legal Affairs)/ P.S. to Secy., Law Legislative Affairs).
The P.S. to C.S. to Govt.
The P.S. to Prl. Secy/ P.S. to Secy. HM&FW Dept.
The Law (E/G) Deptt.,
General Administer (Cabinet) Deptt.,
Finance (Expr. HM&FW-I) Deptt.

//FORWARDED : : BY ORDER//

SECTION OFFICER

Note: This G.O. is available in the internet and can be accessed at the address www.aponline.gov.in

FORM – I [See rule-12 (1)]

To
The Secretary, APPMB,
Hyderabad.

Sir,

S/o, D/o., W/o.hereby request you to enter my name in the register of APPMBTechnician) and arrange to issue Certificate of Registration for which I enclose the following documents: -

1. Original Certificate of the qualification issued by _____ for perusal and return
2. Three photo copies of the certificate for record:
3. A crossed D.D for Rs. _____/- dated: _____ drawn on _____ Nationalised Bank in favour of the Director of Medical Education, Hyderabad towards registration fee.
4. Character certificates (two)
5. Date of birth & place (please enclose true copy of the 10th class / S.S.C.certificate)

The following **information** is submitted for record:

- (a). Permanent residential address.
- (b). Date of previous admission to the Register, if any
- (c). Qualification for registration, year of passing.
- (d). Date on which Degree / Diploma / Certificate was obtained
- (e). Name of the authority
- (f). If employed , please furnish the details of the employer,
- (g). Nationality & Religion
- (h). Date of next renewal of registration
- (i). Additional information, if any, regarding removal of registration with date / restoration of registration
- (j). I bare the following two specific personal identification marks by which I may be identified:
 1. _____
 2. _____

I declare that the particulars furnished above are true and complete to the best of my knowledge and belief. I here by declare that I have read over the instructions carefully and agreed to abide the rules and regulations of the A.P. Para Medical Board.

Place: -
Date: -

Yours faithfully,
SIGNATURE OF THE APPLICANT
Name & Address:

Signatures of the witnesses
along with Name & Address:

1. _____

(Continued...)

Enclosure-1 to the Application in Form No-I

FORM OF CERTIFICATE OF CHARACTER AND PROFESSIONAL
EFFICIENCY

**(To be given either by Medical Practitioner / Employer /
Former Employer / Government Doctor)**

I certify that I know Sri/ Smt./Kum. _____ S/o. / W/o / D/o
_____ R/o. House No. _____

personally for the last three (3) years and he is trustworthy and of good character.

He / She discharged her professional duties at all times in such a manner so as to
enable me to recommend his / her name for registration.

Place:

SIGNATURE WITH SEAL

Date:

Enclosure- 2 to Form-I

Certificate in support of above application

I certify that the above applicant Sri _____s/o _____
is known to me and I believe him to be now a person of good character and the facts
stated by him in the above application are true and correct to the best of my
knowledge and belief

Place:

SIGNATURE OF MEDICAL PRACTITIONER

Date:

Address with registration number

FORM-II [see rule 12(3)]

**ANDHRA PRADESH PARA MEDICAL BOARD
HYDERABAD**

ACKNOWLEDGEMENT

Received the application (in duplicate) from Sri/Smt/Kum

_____ for grant /
renewal/ of registration/ of registration of additional qualification/of Paramedical
Technician/Professional on_____

The list of enclosures attached to the application in Form I have been verified
and found correct.

On verification it is found that the following documents mentioned in the list of
enclosures are not actually enclosed.

- i.
- ii.
- iii.

This acknowledgement does not confer any right on the applicant for grant of
registration / renewal of registration

Place: -
Date: -

Secretary, APPMB
Office Seal

FORM –III [see rule-12 (4)]

ANDHRA PRADESH PARA MEDICAL BOARD
HYDERABAD

CERTIFICATE OF REGISTRATION

Application Number & Date

Registration Number & Date:

Name of the Qualification registered:

This is to certify that the name of the person whose particulars are given hereunder, has been duly registered and he/she is entitled to practice as a Para Medical Technician / Professional in _____

Name	Name of the Father/Husband	Qualification & date of passing of the Examination with Hall Ticket No.	Name of the Institution	Address of the Paramedical Technician / Professional

This certificate is valid till _____ and has to be renewed on _____

Signature & Name of the

**SECRETARY
SEAL OF THE OFFICE**

N.B: Every Registered Para Medical Technician / Professional shall inform any change in his address to the Secretary immediately for making necessary entries in the Register.

FORM – IV [see rule -12(12)]

**APPLICATION FORM FOR REGISTRATION OF ADDITIONAL
QUALIFICATION**

To
The Secretary, APPMB,
Hyderabad.

Sir,

I, S/o, D/o., W/o. hereby
request to enter my additional qualification (.....Technician) and arrange to
issue Certificate of Registration for additional qualification for which I enclose the
following documents:

1. Original certificate of the additional qualification issued by _____
date _____ for your perusal and return
2. Three photostat copies of the certificate of additional qualification for your
office record
3. A crossed D.D for Rs. _____/- dated: _____ drawn on
_____ Nationalised Bank, towards Registration fee (D.D.
enclosed)
4. (a)Permanent address
(b)Address for correspondence
5. Date of previous admission to the Register (copy enclosed)
6. If employed , please furnish the details of the employer,
7. Nationality & Religion:
8. Additional information, if any regarding date of removal of Registration /
date of restoration of Registration
9. I bare the following two specific personal identification marks by which I
may be identified:
 1. _____
 2. _____

I declare that the particulars furnished in this application form are true and
correct to the best of my knowledge and belief. I here by declare that I have
read over the instructions carefully and agreed to abide the rules and
regulations of the A.P. Para Medical Board.

Yours faithfully,

Signature & Name of the Applicant

Form – V (See rule-12 (13))

**ANDHRA PRADESH PARA MEDICAL BOARD
HYDERABAD
CERTIFICATE OF REGISTRATION OF ADDITIONAL QUALIFICATION**

Application Number & Date:

Additional Qualification Registration Number & Date:

Original Registration Number & Date:

Name of the Original Qualification registered:

Name of the Additional Qualification Registered:

This is to certify that Sri/Smt/Kum _____ has duly registered his/her additional qualification with the Board and is entitled to practice as a Para Medical Technician / Professional in _____

Name	Name of the Father/ Husband	Additional Qualification & date of passing of the Examination with Hall Ticket No.	Name of the Institution	Address of the Paramedical Technician / Professional

This certificate is valid till _____ and has to be renewed on _____

Signature & Name of

**SECRETARY
SEAL OF THE OFFICE**

FORM- VI [see rule-13(1)]

APPLICATION FOR RENEWAL OF REGISTRATION

To

The Secretary,

A.P. Para Medical Board, Hyderabad

Sir,

I request you to renew my Registration for a period of five (5) years for which I furnish the following particulars:

1) Date of issue of existing Certificate of Registration

(Enclosed the original Certificate)

2) Date of Expiry of existing Registration

3) Particulars of renewal fee paid (D.D .No. , Name of the Bank, and Date)

(Original D.D enclosed)

4) I hereby declare that the contents mentioned in the application are true and correct to the best of the my knowledge

Place:

Dated

(Signature)

(Name and full address of the Applicant)

FORM VII [see rule-13 (2)]

**ANDHRA PRADESH PARA MEDICAL BOARD
HYDERABAD**

.....

CERTIFICATE OF RENEWAL OF REGISTRATION

1. Application No. and Date_____.
2. Date of issue of the existing Certificate of Registration. _____
3. Date of expiry of existing Registration _____
4. Date of renewal of Registration_____
5. Renewal of Registration valid up to_____.

This is to certify that the Registration of the name of

Sri/Smt/Kum_____

_____ with the
Board is hereby renewed under the provisions of A.P. PARA MEDICAL BOARD
ACT, 2006 and subject to the following conditions to practice as a Para Medical
Technician/Professional in

- This Renewal of Registration shall be in force for a period of Five (5) years from the date of issue.
- This Certificate shall be produced whenever it is required to the officer of the Board,
- The Technician shall not violate the provisions of *A.P PARA MEDICAL BOARD ACT, 2006 as may be amended from time to time* and the rules made there under.

Place: -

Signature & name

Date: -

**Secretary A.P.Para Medical Board
[Office seal]**

Form VIII [See rule-14 (2)]

**ANDHRA PRADESH PARA MEDICAL BOARD
HYDERABAD**

NOTICE

Reference No _____ date _____

To

Sri / Smt./ Kum. _____

I hereby give you the notice that information and evidence have been placed before the Board with the following charge against you viz.,

and that in relation there to you have been guilty of infamous conduct in a professional respect

OR

that you were convicted on the day of _____ at _____ for the following offence viz., -

You are hereby required to attend before the undersigned at _____ on _____ at the O/o APPMB, Hyderabad to submit your explanation in writing to the above charges to establish any denial or defense along with documents relevant to the matter.

You are hereby further informed that if you do not attend as required above the undersigned will proceed with the material available with him and decide the matter.

SECRETARY, APPMB

Form-IX [see rule-12(6)]

**A.P. PARA MEDICAL BOARD
HYDERABAD**

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REJECTION OF APPLICATION FOR GRANT OF REGISTRATION

Application Number and Date:

Date of Inspection:

Reference Number and Date:

In exercise of the powers conferred under **Section 20(6)** of the Andhra Pradesh Para Medical Board Act 2006, the Board hereby reject the application for grant of recognition / renewal of recognition submitted by;-

(1)	Name and address of the Para Medical Institution	
(2)	Reasons for rejection of application	

Signature & Name of the
Secretary
(Office seal)

Form-X [See rule-12(7)]

APPEAL APPLICATION BEFORE THE A.P. PARA MEDICAL BOARD,
HYDERABAD

1. Name and address of the Appellant-Technician
2. Number, date of the order of the Board against which the present appeal is filed
(enclose certified copy of the order)
3. Grounds on which the appeal is made:
4. Prayer / relief sought in the Appeal
5. List of enclosures (other than the order referred in item 2 above)
6. Declaration that the contents mentioned in appeal are true and correct to the best of the knowledge of the appellant

Place:

Signature

Name & address of the

Date:

Para medical Technician/Professional

Form –XI [see rule- 14(4)]

**ANDHRA PRADESH PARA MEDICAL BOARD
HYDERABAD
ORDER**

- (a). Reference Number and Date: _____
- (b). Registered notice number & date _____
- (c). Date of hearing _____
- (d). Whether Applicant has submitted answer in writing... Yes /No
- (e). If so, what are the contents and documentary evidence produced.
- (f). Are they satisfactoryYes/No
- (g). Point(s) for consideration in the case _____
- (h). Findings _____

In exercise of the powers conferred under **Section 22 (1)** of the Andhra Pradesh Para Medical Board Act, 2006, and also after perusal of the documentary evidence produced, the Board hereby

Cancel the certificate of registration

Place: -

Date: -

**Signature & name of the
Secretary A.P Para Medical Board**

Form –XII [See rule 15]

Application for restoration / re-entry of the name in the Register

To

The Secretary, APPMB

Sir,

Sub: Restoration/reentry of my name in the register of the Board-
Request - regarding

Ref: Board order number and date _____

I, the undersigned, do hereby solemnly and sincerely state and declare that my name was duly registered in respect of the following qualifications:

Qualification	Registration No. & Date	Date of Removal
Additional Qualification	Registration No. & Date	Date of Removal

My name was removed from the register(s) for

- (a). Default in payment of renewal fees;
- (b). Complaint against me for infamous character or conviction

Since I have paid the renewal fees / the charge has been dropped or closed, I request that my name may please be restored / re-entered in the register.

I also declare that I have been residing at House No. _____ and my occupation has been _____

Relevant documents are enclosed for your record

Yours faithfully,
Signature with Name & Address
SIGNATURE OF WITNESSES
with name & address:

1 _____.

2 _____.

FORM XIII

[See rule-17 (1)]

**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 and its full address
- 2** Name of Director or Authorised person for correspondence
- 3** Name and Address of Society/ Trust which established the Institution,;- [copy of Bye- Laws enclosed]
- 4** Whether the accommodation owned by the Institution If it is on lease/rent what is the period and conditions thereof?
(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 SMC/IMC
- 9** No. of Supporting staff (Please enclose list)
- 10** The List of Equipment and Furniture available (Pl. Enclose the details)
- 11** Details of Laboratory
- 12** The financial position of the Institute
- 13** Any other information relating to Hospital
- 14** Particulars of the recognition fee paid (D.D No., Name of the Bank, and Date)

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:

(Signature)

Dated:

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

**FORM-XIV [See rule-17(3)]
ANDHRA PRADESH PARA MEDICAL BOARD
HYDERABAD**

ACKNOWLEDGEMENT

Received the application (in duplicate) from
M/s _____

for grant / renewal/ of recognition of Paramedical Education and Training

Institution on _____

The original D.D.bearing No. _____ dated _____

for Rs- _____ (Rupees _____ only) drawn in favour of
Director of Medical Education Hyderabad towards fee.

The list of enclosures attached to the application in **Form XIII** have been
verified and found correct.

On verification it is found that the following documents mentioned in the
list of enclosures are not actually enclosed.

- i.
- ii.
- iii.
- iv.
- v.

This acknowledgement does not confer any right on the applicant for grant of
registration / renewal of registration

**Secretary, APPMB
Office Seal**

FORM-XV [see rule-17 (4) (a)]

**ANDHRA PRADESH PARA MEDICAL BOARD
HYDERABAD**

<<<<>>>>

**CERTIFICATE OF TEMPORARY RECOGNITION OF PARAMEDICAL
EDUCATIONAL AND TRAINING INSTITUTION**

1. Application No. and Date:
2. Certificate No & Date:
3. Certificate Valid till:

This is to certify that M/s _____
located at _____ -
_____ is hereby temporarily recognized under the provisions
of the A. P Para Medical Board Act, 2006, to train the students: (name of the
course duly specifying the diploma / certificate with sanctioned intake capacity)
_____ Course

Subject to the following conditions

This temporary recognition shall be in force for a period of one year from the date of issue and the certificate shall be surrendered to the Board on the next date of expiry of a period of one year.

This Certificate of temporary recognition is subject to the condition that the institution shall provide the facilities in accordance with the standards fixed under the provisions of the A.P Para Medical Board Act, 2006.

This Institution shall comply with the rules and regulation made under the provisions of the A.P Para Medical Board Act, 2006.

The Institute shall not rent, sell, transfer or otherwise close down without obtaining prior permission of the Board.

Signature & Name of the
SECRETARY
[Office seal]

**FORM-XVI [See rule-17 (4) (d)]
A.P. PARA MEDICAL BOARD**

**CERTIFICATE OF RECOGNITION OF PARAMEDICAL EDUCATIONAL
AND TRAINING INSTITUTIONS**

1. Application No. and Date:
2. Inspection Report No. and Date:
3. Date of issue of Certificate for Temporary Recognition:
4. Validity of the Temporary Recognition.
5. Recognition Certificate No & Date:
6. Recognition valid up to_____

This is to certify that

M/s_____

located at_____ -

_____ **is hereby recognized under the provisions of the A. P
Para Medical Board Act, 2006, to train the students in:**_____

Subject to the following conditions:

- The certificate of recognition shall be in force for a period of five ((5) years from the date of issue.
- The Certificate shall be produced whenever it is required to the officer authorised by the, Board
- The institution shall not rent, sell, transfer, change the equipment or personnel or otherwise close down without obtaining prior permission of the Board.
- The institution shall not violate the provisions of A.P. Para Medical Board Act 2006
- The Institution shall pay annual registration fee specified in A.P. Para Medical Board Rules for each course every year before the end of May specified in A.P. Para Medical Board rules as to consider admissions to the Institute

Signature & Name of the
Secretary

FORM- XVII [See rule-17 (4) (e)]

ANDHRAPRADESH PARA MEDICAL BOARD, HYDERABAD

.....

WITHDRAWAL OF TEMPORARY RECOGNITION

Application Number and Date:

Date of Inspection :

Reference Number and Date :

In exercise of the powers conferred under **Section 24 (6)** of the Andhra Pradesh Para Medical Board Act 2006, the Board hereby withdraw the temporary recognition granted to: -

(1)	Name and address of the Para Medical Institution	
(2)	Reasons for rejection of application	

Signature & Name of the
Secretary

(Office seal)

Form-XVIII
[See rule-19 (3)]

A.P.PARA MEDICAL BOARD
HYDERABAD

NOTICE FOR WITHDRAWAL OF RECOGNITION

Reference No and date: _____

To

M/s _____

I hereby give you the notice that information and evidence have been placed before the Board by which the Inspection Committee reports the following against you viz.,

_____ and that in relation thereto you have been guilty of infamous conduct in a professional respect

OR

that you have failed to comply with conditions of Recognition, viz,

OR

that you (i.e. Director, Faculty Member, Manager, or any other Officer) were convicted on the day of _____ at _____ for the following offence viz., _____

You are hereby required to attend before the undersigned at _____ on _____ at the O/o APPMB, Hyderabad to submit your explanation in writing to the above charges to establish any denial or defense along with the documents relevant to the matter.

You are hereby further informed that if you do not attend as required above, the undersigned will proceed with the material available with Board and decide the matter in your absence

Secretary

APPMB

FORM-XIX
[See rule- 19(4)]

ANDHRA PRADESH PARA MEDICAL BOARD
HYDERABAD

ORDER

- 1) Reference Number and Date: _____
- 2) Registered notice number & date _____
- 3) Date of hearing _____
- 4) Whether Applicant-Institution has submitted answer in writing along with the documentary evidenceYes /No
- 5) If so, what are the contents _____
- 6) Are they satisfactory Yes/No
- 7) Point(s) for consideration in the case _____
- 8) Findings _____

In exercise of the powers conferred under **Section 25** of the Andhra Pradesh Para Medical Board rules, 2006, and also after perusal of the documentary evidence produced, the President hereby

Cancel the certificate of recognition

Place:-

Date: -

Signature & name of the
Secretary A.P Para Medical Board

ANNEXURE-I (See rule-12(5))

**ANDHRA PRADESH PARA MEDICAL BOARD
HYDERABAD**

FORM OF REGISTER

1. Serial Number
2. Names in Full
3. Name of the Father / Husband
4. Date of Birth & Place
5. Permanent Residential Address:
6. Date of first admission to the Register, if any:
7. Qualification for Registration
8. Date and year in which Degree / Diploma / Certificate was obtained:
9. Name of the University/ Board/Institution which issue the certificate:
- 10.If employed presently, name & address of the employer:
11. Address of the Hospital/ Dispensary/ previous Employer, if any
12. Nationalities and Religion.
- 13.Date of Renewal of Registration
14. Remarks (Removal of Registration with date / restoration of Registration if any)

Signature of the
SECRETARY

ANNEXURE-II [See rule -17 (6)]

**THE FOLLOWING ARE THE PARA MEDICAL COURSES
PRESCRIBED. AND THE MINIMUM STANDARDS FIXED TO TRAIN
THE STUDENTS BY PARA MEDICAL EDUCATIONAL & TRAINING
INSTITUTIONS**

A). Laboratory Services:

- (1) Diploma in Medical Lab Technology
- (2) Certificate Course in Blood Banking / Transfusion Technology

B). Imageology:

- (1) C.R.A (Certificate of Radiographic Assistant)
- (2) D.R.A (Dark Room Assistant)
- (3) Diploma in Medical Imaging.

C). Cardiology Services:

- (1) E.C.G Technician Training
- (2) Cardiology Technician Training.
- (3) Cath lab Technician Training.
- (4) Perfusion Technology Training

D). Anesthesia Services:

- (1) Anesthesia Technician Training

E). E.N.T. Services:

- (1) Audio Metric Technician Training.

F). Ophthalmic Services:

- (1) Diploma in Ophthalmic Assistant
- (2) Optometrist.

G). Dental Services:

- (1) Dental hygienist Training
- (2) Dental Technician Training.

H). Nephrology Services:

- (1) Dialysis Technician Training.

I). Multipurpose Health Worker (Male).

- (1) Diploma in Multipurpose Health Assistance (Male) Training.

(1) The administration area, etc is prescribed below: -

A) Administration area

- (a). Room 10' x 10' for Principal/ Course in charge
- (b). 10'x10' room for teaching staff
- (c). 10'x10' for office room with proper toilet facilities

B) Instruction area (class room): 20' x20'

C) Amenities area

- (a). Library 10'x10'
- (b). Cloak room one each for gents & ladies 10'x10'
- (c). Adequate electricity and water supply facilities.

Non-teaching staff	Qualification
(a). Manager	: Degree
(b). Clerk/Typist	: Intermediate with Typewriting
(c). Office Attender	: 10 th Class
(d). Driver	: License Holder

- 5. Equipment (basic lab) } as mentioned in the**
- 6. Teaching staff } annexure– II of these rules**
- 7. Other facilities }**

Note:

- (1) In respect of Degree courses the standards shall be as fixed by the Dr. N.T.R. University of Health Sciences.
- (2) In respect Diploma, certificate courses standards shall as fixed by Board in the **Annexure-II** and as may be modified or revised from time to time for each course.

(II). Minimum criteria to be fulfilled for admission to these Courses and the selection process:

1. The Selection committee consisting of the following Members for Selection of candidates against Government quota seats (free seats) in Diploma and Certificate Courses :-
 - (a). Dist. Medical & Health Officer ---- Chairman- cum- Convener
 - (b). Superintendent of a Teaching hospital ---- Member
 - (c). Deputy Director / District Social Welfare Officer --- Member
 - (d). Principal of the concerned training Institution ---- Member

1. The above Committee shall make selections based purely on merit on the basis of aggregate marks obtained by the candidates in relevant group subjects, excluding the marks obtained in the language. In deciding such merit, candidates who pass under compartmental system will be placed after candidates who pass in single sitting:
2. The Management of the Institution shall admit the candidates allotted by the Selection Committee on the basis of ranking assigned to them against free seats.
3. The maximum number of students to be admitted in each Para Medical Training course shall be the sanctioned in take capacity of students to the institution imparting training. This is subject to revision by Board from time to time.
4. Selection for the Management seats shall be made by the management. However, the selection shall be based on objective criteria including merit in the qualifying examination. After the list of students to be admitted is made, it shall be submitted to the Board for its verification and approval.
5. For B.Sc. Medical Lab. Technology Course, the competent authority for selection shall be the Dr. N.T.R. University of Health Sciences.

III). Rule of Reservation:

Rules of reservation shall be strictly followed while making selection for both free seats and management seats. Unfilled seats meant for reserved categories shall be kept vacant and shall not be filled up. The reservations meant for local candidates shall be followed as prescribed in the Andhra Pradesh Educational Institutions (Regulations of Admissions) Order, 1974, as amended from time to time.

IV). Eligibility criteria for admission into Para Medical Courses shall be

- (a). The candidates should be Indian nationals and should satisfy local or as the case may be the non-local status requirement as laid down in the Andhra Pradesh Educational Institutions (Regulations of Admissions) order 1974 as amended in G.O. (P) No 646, Education (w) Dept. Dated 10-07-1979.
- (b). For diploma or certificate courses, the minimum age shall be fifteen (15) years.
- (c). the qualifying examination is as follows :-

Diploma (Two Years Duration)		
Sl. No.		Qualification Prescribed
1	Medical Laboratory Technician	S.S.C.
2	Ophthalmic Assistant (DOA)	S.S.C.
3	Optometry Technician	S.S.C.
4	Medical Imaging Technician	Inter (Science)
5	Audiometry Technician	Intermediate
6	Perfusion Technician	Intermediate
7	Radio Therapy Technician	Inter (Science)
8	Respiratory Therapy Technician	Intermediate
9	Respiratory Technician	
10	Dialysis Technician	B.Sc., (degree)
11	Hospital Food Service Management Technician	S.S.C.
12	Medical Sterilization Technician	Intermediate
	Multipurpose Health Assistant (Male)	Intermediate

Certificates (One year duration)		
1	Cardiology Technician	S.S.C.
2	Cathlab Technician	Intermediate
3	ECG Technician	S.S.C.
4	Blood Bank Technician (BBT)	Intermediate
5	Radiographic Assistant (CRA)	Intermediate (Science)
6	Dark Room Assistant (DRA)	Intermediate (Science)
7	Anesthesia Technician	Intermediate

DIPLOMAS

1. Medical Laboratory Technology (DMLT)

Equipment	Teaching Staff	Qualifications
Basic Lab setup	Subject	
Microscopes	Anatomy & Physiology	MBBS
Refrigerator	Pathology & Blood Banking	MBBS/ M. Sc
Chemicals & Solutions	Microbiology & Parasitological	M. Sc (Microbiology)
Slides	Biochemistry	M. Sc (Biochemistry)
Centrifuses		
Test tubes		
Rotating Micro tome		
Tissue processor		
Water bath		
Incubator		
Knife Sharpener		
Coupling Jars		
Conical Flasks		
Hot air oven		
Haemo cytometer		
Haemoglobinometer		
Calorie meter		
Bone Marrow aspiration set		
Uri no meter		
Slide trays		
Slide staining rack		
Special stains		

Ophthalmic Assistant (DOA)

Equipment	Teaching Staff	Qualifications
	Subject	
Retino scope	Anatomy, Physiology of eye & Oculars diseases	M.S in Ophthalmology
Loupe	Optics, Refraction.	M. Sc (Physics)
Trial-Frame	Clinical Pathology, Micro Biology & Pharmacy	MBBS / B. Pharmacy
Torch light		
Other Equipment		

Available at Dist Hospital / Clinical attachment Hospital		
Slit lamp		
Ophthalmoscope		
Fundoscope		
Set of lenses (Trail box)		
Vision drum		
Near vision chart		
Colour vision chart (ishihara plates)		

Audiometric Technician

Equipment	Teaching Staff	Qualifications
Audiological	Subject	
1. Pure Tone audiometers	Asst. Professor	M.S. in E.N.T
2. Impendent audiometers	Speech & Hearing Specialist	M. Sc (in Speech and Hearing)
3. Ear Module Equipment	Clinical Psychologist	P.G. Diploma in Psychology
4. Hearing aid repair Equipment	Bio Medical Engineer with Computers	I.T.I with Diploma in Electronics
5. Tape Recorders		
6. Video Camera with play back facility		
7. Colour T.V.		

E N T Equipments		
1. Oroscope with all Attachments		
2. Ear clearing Systems		
3. Buff's Eye-lamp		
Sound proof room		
Ear loops		
Tuning forbs		
Nasal speculum		

Ear speculum		
Tongue depressor		
Nasal spray		
Mirrors		
Head mirror		
Indirect lyaingen mirror		

Optometry Technician

Equipment	Teaching Staff	Qualifications
	Subject	
Retino scope	Anatomy, Physiology	M.S (Ophthalmology)
Loupe	Physics	M. Sc (Physics)
Trial-Frame Vision drum Near vision chart Colour vision chart. (Ishihara plates)	Optics	Ophthalmology Technician
One tool box with	Grinding of lenses	Asst. Technician
(a). Chipping pillar (b). Diamond marking & cutting panel (c). Scissors (d). Optician ruler Optician Screw driver	Dispensing Spectacles One for each Student	Asst. Technician
Machines of lens grinding spherical, Cylindrical, one piece bifocal both automatic and hand systems; edging with all necessary accessories		

Ophthalmic Instruments: (a). Ophthalmo scope (b). Retino scope (c). Dioptro scope (d). Binocular (e). Perimeter (f). Optometer (g). Ophthalmometer (h). Occulometer (i). Focimeter		
Ophthalmic lens : (a). Old system New system		
Spectacle frames		

Dialysis Technician

Equipment	Teaching Staff	Qualifications
Complete Dialysis setup	Subject	
	Anatomy	M.D.
Dialysis machine	Physiology	M.D.
Transfusion set distilled water plant	Bio-Chemistry	M.D.
Deionizer plant (A.C.)	Pathology	M.D.
	Nephrology	D.M.
	Senior-Dialysis Technician	Diploma. in Dialysis Technology

Perfusion Technician

Equipment	Teaching Staff	Qualifications
Complete Theater setup	Subject	
Blood gas		MBBS
Heart Lung machine		
Haencotherm		
4 channel Monitor		

Boyl's Apparatus		
------------------	--	--

Respiratory therapy

Equipment	Teaching Staff	Qualifications
Complete Theater setup	Subject	
6 Bedded intensive care unit		M.D.
Unit of Physio- therapy		
Blood gas		
Heart Lung machine		
Haencotherm		
4 channel Monitor		
Boyl's Apparatus		
Ambu bag		
Nebuliser		

CERTIFICATE COURSES

Cardiology Technician

Equipment	Teaching Staff	Qualifications
	Subject	
E.C.G. Machine	Cardiology	M.D.(Cardiology)
Echo	Anatomy	M.D (Anatomy)
Tread Mill	Physiology	MBBS
Holter moniter	Bio-Chemistry	MBBS
Defibrillator	Pathology	MBBS
	Bio Medical & Computers	Bio Medical Engineer& Computers

Cath-Lab Technician

Equipment	Teaching Staff	Qualifications
	Subject	
Complete Cath Lab & I.C.C.U. setup	Cardiology	M.D.(Cardiology)
Imaging machine	Anatomy	M.D (Anatomy)
Records	Physiology	MBBS
Injectors	Bio-Chemistry	MBBS
	Pathology	MBBS
	Bio Medical & Computers	Bio Medical Engineer& Computers

Blood Bank Technician:

Equipment	Teaching Staff	Qualifications
Preliminary Lab setup	Subject	
Glass Ware	Physiology	MBBS
Centri fuge	Bio-Chemistry	MBBS
Ovens	Pathology	MBBS
Refrigerator (Blood bank)	Micro-Biology	MBBS
Microscope	Blood Bank	MBBS
Work Table	Senior Technicians 2 (Two)	DMLT

Component Therapy Equipment		
Refrigerated Centrifuge		
Platelet agitators		
Water bath		
Plasma Expressor (automatic)		
Balance		
Laminar air flow		
Deep refrigerator (-80 ° c)		
Deep refrigerator (-30 ° c)		
Quality control equipment		
Chemical reagents		
Cold Room		
Donor couches		
Blood collection monitors		
Tube sealers		
Haemocytometer		
Elisa Reader & automatic washer		
Haemoglobinometer		
For malarial parasite	QBC Method Equipment	

Anesthesia Technician:

Equipment	Teaching Staff	Qualifications
	Subject	
Audio visual	Pulmonary Medicine & Anesthesia	M.D.
Old equipment in Anesthesia	Anatomy	M.D (Anatomy)
New equipment in Anesthesia	Physiology	MBBS
Boyl's Apparatus	Bio-Chemistry	MBBS
Tricasti tube	Pathology	MBBS
Laringo scope	Bio Medical & Computers	Bio Medical Engineer & Computers
Tongue dipprosor	Anesthesia	M.D.
Anesthesia gas cylinders	Pharmacology	M Pharmacy
	Physics	M. Sc (Physics)

Dark Room Assistant (DRA):

Equipment	Teaching Staff	Qualifications
X-ray Units	Subject	
Portable X-ray 40/60 M A	Anatomy	P.G .(Anatomy)
Mobile unit 250 M A	Physiology	P.G. (Physiology)
Unit 300 M A	Physicist	P.G. Physics
Accessories including Image Intensifier	Radiographer	X-ray Technician
Darks Rooms have to be built adjacent to X-ray Rooms	Dark Room Technician	Dark Room Technician

Radiographic Assistant

Equipment	Teaching Staff	Qualifications
X-ray Units	Subject	
Portable X-ray 40/60 M A	Anatomy	P.G .(Anatomy)
Unit 300 M A	Physiology	P.G. (Physiology)
Unit 500 M A	Physicist	P.G. Physics
Accessories including Image Intensifier	Radiographer	X-ray Technician
Darks Rooms have to be built adjacent to X-ray Rooms	Dark Room Technician	Dark Room Technician

E.C.G. Technician:

Equipment	Teaching Staff	Qualifications
E C G Machine	Subject	
Limb & chest Leads	Cardiology	M.D.(Cardiology)
	Anatomy	M.D. (Anatomy)
	Physiology	MBBS
	Bio- Chemistry	MBBS/ M.Sc
	Medicine	MBBS

SECTION OFFICER