

APPLICATION FORM FOR STUDY CENTER AFFILIATION FOR PARA MEDICAL COURSES



THE HEALTH EDUCATION & RESEARCH COUNCIL OF INDIA

**To,
The Chairman,
The Health Education & Research Council of India**

Subject: Application for affiliation with your Council for Para Medical Courses.

1. INFORMATION ABOUT THE INSTITUTION

I. Name of Institute _____

(Use Block Letters Only) _____

II. Name of Society/ Trust/
Association _____

III. Postal Address (with Pin Code _____

IV. Phone/ Fax/ Mobile _____

E-Mail _____

V. Police Station _____

VI. Railway Station _____

VII. Year of Establishment _____

VIII. Course applied with duration _____

2-INFRASTRUCTURAL FACILITIES

I. Reception YES/ NO Size

II. Principal Room YES/ NO Size

III. Staff Room YES/ NO Size

IV. Laboratory YES/ NO Size

V. Library YES/ NO Size

VI. Class room YES/ NO Size

VII. Seating Capacity YES/ NO Size

VIII. Toilet YES/ NO Size

***IX. Hospital (own/ Associate)* YES/ NO**

X. Building

Rental/ Own/Leased_____

3- Location of Institute_____

(With Route Map)

4- Detail of Route by Train/ Bus /Air_____

5- Any other relevant information_____

6- Inspection date_____

Full Name & Signature

Seal

Of Applicant

Society / Trust / Institute

3. Premises Requirement

- Institutional Building
 - o Principal Office
 - o Clerk's Office
 - o Common Room
 - o Class Room
 - o Lon
 - o Pathology Laboratory for DMLT course
 - o X-Ray Department for DRIT Course
 - o Charitable Hospital for DNA, OT Courses or Association Letter of nearest Hospital for Practical Training
 - o Hostel (Boy/ Girl)

INFORMATION ABOUT THE FOUNDER / DIRECTOR / OF INSTITUTION

- Name of applicant_____
- Father's name_____
- Date of birth_____
- Qualification_____
- Designation / Position held in Institute / Society (Attached ID Proof & Aadhar Card)_____
- Permanent Address_____

Photo
(Attested)

• Phone/ Fax/ E-mail _____

Signature

Necessary document:

- A copy of resolution passed by managing committee list of members of management and laws of the society
- Furnish a list of apparatus and equipments, Model and Charts etc.
- Photograph of lab, office and front side of Institute building.
- A map of institution building.
- Association letter of Hospital.

AGREEMENTS

This agreement attested by notary on Rs-100/- Stamp Paper

1. I.....S/o
R/o.....,have gone through all rules and regulation of prospectus of **The Health Education & Research Council of India**
2. **My Institute and I agree to follow all rules** and regulation mentioned in prospectus of Para medical Board of India, Delhi.
3. My Institute and I agree to follow amendments done by Governing Committee.
4. My Institute and I will not disobey; if we do so then board will have right to cancel our affiliation.
5. My Institute and I have been told that all legal matters will be solved in Delhi court only.
6. My Institute and I have been told that all fees are non-refundable & non adjustable.

Signature

President / Secretary of society