

Andhra Pradesh Para Medical Board Rules, 2006

ANDHRA PRADESH

India

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Rule ANDHRA-PRADESH-PARA-MEDICAL-BOARD-RULES-2006 of 2006

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Andhra Pradesh Para Medical Board Rules, 2006Published vide Notification No. G.O. Ms. No. 128 Health Medical and Family Welfare (k2), Dated 25.04.2007Last Updated 19th September, 2019No. G.O. Ms. No. 128. - 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 Travelling 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 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 endeavours to ascertain the correct address. (7) If no information regarding the correct address is received from the Para medical 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 practise 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 nationalised 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 in Rs.
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)	

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, and 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 recognised 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 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 at least 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 in quires 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 Appellant-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 procedures.

19. Withdrawal of Recognition.

(1)The Secretary on receipt of reliable information that the recognized institution has been guilty or 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.Enclosures to G.O.Ms.No. 128, HM and FW (K2) Department, dated: 25-04-2007.Form - I(See Rule-12(1))ToThe Secretary, APPMB,Hyderabad.Sir,.....S/o, D/o, W/o..... hereby request you to enter my name in the register of APPMB Technician) 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 and 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 and 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: Yours faithfully,

Date: Signature of the ApplicantName and Address:

Signatures of the witnesses along with Name and Address:

1. _____

_____Enclosure-1 to the Application in Form No-IForm 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: _____ Date: _____ Signature with Seal 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

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: Secretary, APPMB

Date: Officer Seal.

Form - III (See Rule - 12(4)) Andhra Pradesh Para Medical Board Hyderabad Certificate of

Registration Application Number and Date: Registration Number and 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 of the Name Father/ Husband	Qualification and date of passing of the Examination with Hall Ticket No.	Name of the Institution	Address of the Paramedical Technician/Professional
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This certificate is valid till _____ and has to be renewed on _____ Signature and 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 and 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 hereby 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 and Name of the Applicant
Form - V (See Rule-12(13)) Andhra Pradesh Para Medical Board Hyderabad
Certificate of Registration of Additional Qualification
Application Number and Date: Additional Qualification
Registration Number and Date: Original Registration Number and 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 practise as a Para Medical Technician/ Professional

in _____

Name of the Father/ Husband	Additional Qualification and date of passing of the Examination with Hall Ticket No.	Name of the Institution	Address of the Paramedical Technician/Professional
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This certificate is valid till _____ and has to be renewed on _____

Signature and 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: (Signature)

Date: (Name and all 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 practise 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 and name Date:- Secretary

A.P. Para Medical Board (Office seal) Form VIII (See Rule-14 (2)) Andhra Pradesh Para Medical Board

HyderabadNoticeReference

No _____ date _____ ToSri

/ Smt/

Kum. _____

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

viz., _____

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., _____

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..... 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 and 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: Date: Signature Name and address of the 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
and 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 satisfactory..... Yes/No (g) Point(s) for consideration in the
case _____ (h) Findings _____

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 and 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, APPMBSir, 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. and Date	Date of Removal
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Additional Qualification	Registration No. and Date	Date of Removal
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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 and Address Signature of Witnesses with name and 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 and 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: Dated: (Signature) (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, APPMBO Office

SealForm-XV(See Rule-17 (4) (a))Andhra Pradesh Para Medical Board HyderabadCertificate of
Temporary Recognition of Paramedical Educational and Training Institution

1. Application No. and Date:

2. Certificate No and 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 and 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 and 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 Tor each course every year before the end of May specified in A.P. Para Medical Board rules as to consider admissions to the InstituteSignature and Name of the SecretaryForm-XVII(See Rule -17(4))Andhra Pradesh Para Medical Board, Hyderabad.....Withdrawal of Temporary RecognitionApplication 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)(2) Name and address ofthe Para Medical InstitutionReasons for rejection of application

Signature & Name of the Secretary(Office seal)Form-XVIII(See Rule - 19(3))A.P. Para Medical Board HyderabadNotice For Withdrawal of RecognitionReference No and date:_____ToM/s_____

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.,_____that in relation thereto you have been guilty of infamous conduct in a professional respectorthat you have failed to comply with conditions of Recognition,

viz.,_____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, APPMBForm XIX(See Rule - 19 (4))Andhra Pradesh Para Medical Board HyderabadOrder(1)Reference Number and Date:_____ (2)Registered notice number and date

_____ (3)Date of hearing _____ (4)Whether

Applicant-Institution has submitted answer in writing along with documentary evidence..... Yes/No(5)If so, what are the contents

_____ (6)Are they satisfactory..... Yes/No(7)Point(s) for consideration in the case

_____ (8)Findings

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 herebyCancel the certificate of recognitionPlace:-Date:-Signature and name of the Secretary A.P. Para Medical BoardAnnexure-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 and 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 and 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 SecretaryAnnexure-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 And 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)Aesthesia Services:(1)Aesthesia 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)Nephology 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' x 10' room for teaching staff(c)10' x 10' for office room with proper toilet facilities(B)Instruction area (class room): 20' x 20'(C)Amenities area(a)Library 10' x 10'(b)Cloak room one each for gents and ladies 10' x 10'(c)Adequate electricity and water supply facilities.

Non-teaching staff	: Qualification
(a) Manager	: Degree
(b) Clerk/Typist	: Intermediate with Typewriting
(c) Office Attender	: 10th 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)District Medical and 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 served categories shall be kept, vacant and shall not be filled up. The reservation meant for local candidates shall be followed as prescribed in the Andhra Pradesh Educations 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) Department 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)

SI. 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.	Audiometer Technician	Intermediate
6.	Perfusion Technician	Intermediate
7.	Radio therapy Technician	Inter (Science.
8.	Respiratory therapy Technician	Intermediate
9.	Dialysis Technician Hospital Food ServiceManagement	B.Sc. (degree)
10.	Technician	S.S.C
11.	Medical Sterilisation Technician	Intermediate
12.	Multipurpose Health Assistant (Male)	Intermediate
	Certificates (One year duration)	
1.	Cardiology Technician	S.S.C.
2.	Cath lab Technician	Intermediate
3.	ECG Technician	S.S.C.

4.	Blood Bank Technician (BEIT)	Intermediate
5.	Radiographic Assistant (CRA)	Intermediate (Science)
6.	Dark Room Assistant (DRA)	Intermediate (Science)
7.	Anaesthesia Technician	(Intermediate)
Diplomas		

1. Medical Laboratory Technology (DMLT).

Equipment	Basic Lab setup	Teaching Staff Subject	Qualifications
Microscopes		Anatomy and Physiology	MBBS
Refrigerator		pathology and Blood Banking	MBBS/M.Sc.
Chemicals and Solutions		Microbiology and Parasitological	M.Sc (Microbiology)
Slides		Biochemistry	M.Sc. (Microbiology)
Centrifuges			
Test tubes			
Rotating Microtome			
Tissue processor			
Water bath			
Incubator			
Knife Sharpener			
Coupling Jars			
Conical Flasks			
Hot air oven			
Haemo Cytometer			
Haemoglobinometer			
Calorie meter			
Bone Marrow aspiration set			
Urine meter			
Slide trays			
Slide staining rack			
Special stains			
Ophthalmic Assistant (DOA)			
Equipment		Teaching Staff Subject	Qualifications
Retinoscope		Anatomy, Physiology of eye and Ocular diseases	M.S in Ophthalmology
Loupe Trial-Frame		Optics, Refraction	M.Sc (Physics)

Torch light
Clinical Pathology, Micro Biology and Pharmacy MBBS/B. Pharmacy

Other Equipment

Available at District Hospital / Clinical attachment Hospital

Slit lamp

Ophthalmoscope Fundoscope

Set of lenses (Trial box)

Vision drum

Near vision chart

Colour vision chart

(Ishihara plates)

Audiometric Technician

Equipment Audiological

Teaching Staff subject

Qualifications

1. Pure Tone audiometers

Asst. Professor

M.S. in E.N.T

2. Impedance audiometers

Speech and 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. Buffs eye-lamp Sound proof room Ear loops Tuning forks Nasal speculum

Ear speculum

Tongue depressor

Nasal spray

Mirrors

Head Mirror

Indirect lyngbyen mirror

Optometry Technician

Equipment

Teaching Staff Subject

Qualifications

Retino Scope

Anatomy, Physiology

M.S. (Ophthalmology)

Loupe

Physics M.Sc

(Physics)

Trial-Frame

Optics

Ophthalmology Technician

Vision drum

Near vision chart

Colour vision chart

(Ishihara plates)

One tool box with

Grinding of Lenses Asst. Technician

(a) Chipping pillar

Dispensing Spectacles Asst. Technician

(b) Diamond marking and cutting panel One for each Student

(c) Scissors

(d) Optician ruler

Optician Screw driver

Machines of lens grinding

spherical. Cylindrical, one

piece bifocal both automatic

and hand systems; edging

with all necessary accessories

Ophthalmic Instruments:

(a) Ophthalmoscope

(b) Retinoscope

(c) Dioptrioscope

(d) Binocular

(e) Perimeter

(f) Optometer

(g) Ophthalmometer

(h) Occulometer

(i) Focimeter

Ophthalmic lens:

(a) Old System

New system

Dialysis Technician

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

Equipment Complete Theatre setup Teaching Staff Subject Qualifications

Blood gas MBBS

Heart Lung machine

Haencotherm

4 Channel Monitor

Boyl's Apparatus

Respiratory therapy

Equipment Complete Theatre setup

Teaching Staff Subject Qualifications

6 Bedded intensive care unit Unit of Physio-therapy

M.D.

Blood gas

Heart Lung machine

Haencotherm

4 Channel Monitor

Boyl's Apparatus

Ambu bag

Nebuliser

Certificate Courses Cardiology Technician

Equipment Teaching Staff Subject Qualifications

E.C.G. Machine Cardiology M.D. (Cardiology)

Echo Anatomy M.D (Anatomy)

Tread Mill Physiology MBBS

Holter monitor Bio-Chemistry MBBS

Defibrillator Pathology MBBS

Bio Medical and Computers Bio Medical Engineer and Computers

Cath-Lab Technician

Equipment Teaching Staff Subject Qualifications

Complete Cath Lab and 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 and Computers Bio Medical Engineer and Computers

Blood Bank Technician

Equipment Preliminary Lab setup Teaching Staff Subject Qualifications

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 Express or (automatic)

Balance

Laminar air flow

Deep refrigerator (-80 o c)

Deep refrigerator (-30 o c)

Quality control equipment

Chemical reagents

Cold Room

Donor couches

Blood collection monitors

Tube sealers

Haemocytometer

Elisa Reader and automatic

washer

Haemocytometer

For material

QBC Method Equipment

Anesthesia Technician:

Equipment	Teaching Staff Subject	Qualifications
Audio visual	Pulmonary Medicine and Anaesthesia	M.D.
Old equipment in Anaesthesia	Anatomy	M.D (Anatomy)
New equipment in Anaesthesia	Physiology	MBBS
Boyl's Apparatus	Bio-Chemistry	MBBS
Tricasti tube Pathology	MBBS	
Laringo scope	Bio Medical and Computers	Bio Medical Engineer and Computers

Tongue dipprosor	Anaesthesia	M.D.
Anaesthesia gas cylinders	Pharmacology	M. Pharmacy
	Physics	M.Sc (Physics)

Dark Room Assistant (DRA):

Equipment X-ray Units	Teaching Staff Subject	Qualifications
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