



TELANGANA PARAMEDICAL BOARD

#306, Directorate of Medical Education Office Complex, Koti, Hyd-500 095, Phone: 040 -24653519,
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APPLICATION FOR ADMISSION TO PARAMEDICAL COURSES FOR THE ACADEMIC YEAR 2024-25

(TO BE FILLED IN DUPLICATE BY THE CANDIDATE WITH HIS/HER OWN HANDWRITING) MARK TICK ☐ IN
APPROPRIATE SPACE

READ THE INSTRUCTIONS ATTACHED HEREIN CAREFULLY BEFORE FILLING THE APPLICATION

APPLIED FOR THE COURSE OF _____ COURSE CODE NUMBER _____

(for the Recognized private para medical institution, submit the application to the DMHO of the district concerned)

Application No. _____

District Registration No. _____

1. FULL NAME

(In Block letters as in
SSC / Equivalent Exam
Certificate)

Male

Female

Affix Recent
Photo graph
Signed by
the
Applicant

**2. NAME OF THE FATHER,
Or GUARDIAN**

3. NAME OF THE MOTHER

4. AGE & DATE OF BIRTH

As entered in SSC or Equivalent
Examination (Copy to be enclosed)

5. MOTHER TONGUE

6. PLACE OF BIRTH

7. RESERVATION CLAIMED

(Please enclose certificate
issued by the Competent Authority)

8. NAME OF THE DISTRICT

9. EDUCATIONAL QUALIFICATION:

(Please enclose copy of relevant certificate of
qualifying examination)

10. WHETHER PASSED

11. TOTAL MARKS SECURED

| | | | |
|--|----------------|---------------|----------|
| | | | |
| | | | |
| | | | |
| Age | Date | Month | Year |
| | | | |
| | | | |
| Village | | Mandal | District |
| | | | |
| SC | ST | BC | OC |
| LOCAL | | NON LOCAL | |
| INTERMEDIATE | | | |
| If in single attempt: Division: I/II/III | | Compartmental | |
| Maximum Marks | Marks Obtained | Percentage | |
| | | | |

12. PARTICULARS OF STUDY: furnish the following details for the four / seven consecutive academic years ending with the month and year (Copy of Study, Bonafide certificate from the Heads of the Institutions / Govt. / ZPH / Private School should be enclosed as proof).

| S.No. | Academic year | Class in which studied during the year (if not studied in any year, state so and specify the reason in the remarks column) | Name and place of the Institutions in which studied and the district in which Institution is situated | Remarks |
|-------|---------------|---|---|---------|
| 1 | | PRIMARY EDUCATION | | |
| 2 | | VI CLASS | | |
| 3 | | VII CLASS | | |
| 4 | | VIII CLASS | | |
| 5 | | IX CLASS | | |
| 6 | | X CLASS | | |
| 7 | | INTERMEDIATE | | |

Note: In reckoning consecutive academic years of study, any period of interruption of study by reason of his / her failure to pass any examination other than the qualifying examination as entered in Column (a) shall be disregarded. In such cases information of the earlier academic years should also be indicated till information for four / seven academic years is furnished.

DECLARATION

I hereby solemnly and sincerely affirm that the information furnished by me in the application form and also in all the enclosures there to submitted by me are true and correct to the best of my knowledge and belief and if found that any information furnished therein is fraudulent, incorrect or untrue I am liable to criminal prosecution. Further I also agree to forego my seat in the college unconditionally.

I shall abide by the decision of the Selection Committee which shall be final and binding on me. I also further declare that I will pay the fee in full for the entire period of the course in-case I discontinue the studies in the middle and take back my original certificates submitted at the time of admissions.

Total No. of enclosures ()

SIGNATURE OF THE APPLICANT

I have fully read the information furnished by my son / daughter / ward and affirm that it is true and if it is proved that the information was fraudulent, I am liable to criminal prosecution.

ADDRESS FOR COMMUNICATION:

SIGNATURE OF FATHER / GUARDIAN

Note: No application will be deemed complete unless this declaration is signed by the candidate and parent / guardian.

FOR OFFICE USE ONLY

Remarks :

Checked by :

INSTRUCTIONS TO THE STUDENTS

Read the instructions carefully before filling the application

- A. Filled-in application forms should reach the DM&HO or concerned on or before **5.00 P.M. on 30-10-2024.**
- B. Application shall be filled with his / her own handwriting in English by the candidate.
- C. Application with incomplete or incorrect or false information or false / incorrect certificate will be rejected automatically without any intimation.
- D. Candidates shall not be permitted to change their social status or local candidature etc., after submission of application form.
- E. Applications unaccompanied with the required certificates or applications with incomplete entries and ineligible applications will be rejected automatically.
- F. The candidate has to pay the fee in full for the entire period of the course in-case he/she discontinue the studies in the middle and to take back the original certificates submitted at the time of admissions.

DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION FORM:

- 1) Date of Birth certificate (SSC or its equivalent pass certificate).
- 2) Memo of the marks and pass certificate of the qualifying examination. (INTERMEDIATE or its equivalent pass certificate) including transfer certificate issued by the Institute from which the candidate has passed the qualified examination.
- 3) Certificate of study from 6th class to Intermediate.
- 4) If the Applicant belongs to SC / ST / BC, a Copy of Caste Certificate issued by the competent authority as proof of their claims for reservation.
- 5) Copy of Aadhar Card.
- 6) The filled in application form along with a sum of Rupees One Hundred only in cash towards processing fee shall be submitted to the concerned on or before **5.00 p.m by 30-10-2024.**

Secretary



Annexure-I

COURSES

| Sl. No | Course Code | Abbreviation | Course Name |
|--------|-------------|--------------|---|
| 1 | 108 | D Perfu | Diploma in Perfusion Technician (Two Years) Course |
| 2 | 109 | DOA | Diploma in Ophthalmic Assistant (Two Years) Course |
| 3 | 112 | DMPHA | Diploma in Multi Purpose Health Assistant (Male) (Two Years) Course |
| 4 | 113 | DHFSM | Diploma in Hospital Food Service Management Technician (Two Years) Course |
| 5 | 114 | DMST | Diploma in Medical Sterilization Management and Operation Theatre Technician (Two Years) Course |
| 6 | 116 | DDIALY | Diploma in Dialysis Technician (Two Years) Course |
| 7 | 117 | DMIT | Diploma in Medical Imaging Technician (Two Years) Course |
| 8 | 118 | DMLT | Diploma in Medical Lab Technician (Two Years) Course |
| 9 | 121 | DREST | Diploma in Respiratory Therapy Technician (Two Years) Course |
| 10 | 126 | DRT | Diploma in Radio Therapy Technician (Two Years) Course |
| 11 | 128 | DOM | Diploma in Optometry Technician (Two Years) Course |
| 12 | 133 | DDT | Diploma in Dental Technician (Two Years) Course |
| 13 | 134 | DDHY | Diploma in Dental Hygienist (Two Years)Course |
| 14 | 136 | DANS | Diploma in Anaesthesia Technician (Two Years) Course |

| | | | |
|----|-----|---------|---|
| 15 | 137 | DCLT | Diploma in Cathlab Technician (Two Years) Course |
| 16 | 138 | DRGA | Diploma in Radiographic Assistant (Two Years) Course |
| 17 | 139 | DDRA | Diploma in Dark Room Assistant (Two Years) Course |
| 18 | 140 | DECG | Diploma in ECG Technician (Two Years) Course |
| 19 | 141 | DCARDIO | Diploma in Cardiology Technician (Two Years) Course |
| 20 | 204 | DEPT | Diploma in Emergency Paramedic Technician (Two Years) Course |
| 21 | 208 | DMS | Diploma in Microsurgery Technician(Two Years) Course |

Secretary

Signature