

PARAMEDICAL COUNCIL, INDIA



Form - A

APPLICATION FORM FOR REGISTRATION

Attested
Photograph

To,
The Secretary
Paramedical Council, India

Dear Sir,

I, hereby, request that my name and other particulars as mentioned below to be entered in the Paramedical Council, India and enlist me as an Ordinary/Life member of the Council.

I. PERSONAL DETAILS

1. Full Name : _____
(In block letter beginning with surname)
2. Father Name : _____
(In block letters beginning with surname)
3. Nationality: _____
4. Date of Birth: _____
5. Gender: _____
6. Residential Address : _____
7. Professional Address : _____
8. Telephone/Mobile: _____
9. Blood Group: _____

II. QUALIFICATION DETAILS

1. Qualification for Registration possessed by the applicant _____
2. Date on which applicant obtained the qualification _____
3. The name of the Institution where the applicant received training for such qualification and the duration of training _____

III. I ENCLOSE HEREWITH:

1. A copy of my birth certificate / Matriculation Certificate / Secondary Certificate / Secondary School Leaving Certificate / School Leaving Certificate.
2. 2 attested copies of certificate of the Diploma/Certificate courses, awarded to me by the Institutions.

DECLARATION

I am remitting Rs..... as registration fee and membership subscription by D.D. No.

Dated.....Drawn from.....Bank.

I agree with the Constitutional rules and by-laws of the Council and respect its ethics and principles. I certify that all the particulars furnished above, are true to the best of my knowledge and belief. I understand that my candidature is liable to be cancelled if my documents or any activities proves misleading and affects the goodwill of the Council.

Date: _____

Place: _____

Yours faithfully,

(Signature of the applicant)

OATH

1. I solemnly pledge to abide by all the rules for the ultimate service of the humanity.
2. I shall give the humanity its due respect.
3. I shall not indulge in any acts that prove the Paramedical science a threat for the humanity.
4. I shall give the highest preference to the patient's health at any point of time.
5. I pledge to remain unbiased towards religion, nationality, race, political forces etc. and shall not entertain to affect the ethics of the Paramedical science that exists with the ultimate goal to serve humans.
6. I shall respect the confidentiality of any secrets that are confided upon me.
7. I shall give due respect to my peers, seniors, colleagues and love my juniors.
8. I shall by no means affect the ethics and principles of the paramedical sciences.
9. I shall not disrespect to the sanctity of life.
10. I make these promises at the best of my knowledge and sound health.

Date: _____

(Signature of the candidate)

INFORMATION REGARDING SUBSCRIPTION

1. REGISTRATION : Rs. 500/- (Common for all Membership)
2. ORDINARY MEMBER : Rs. 300/- Per Annum
3. LIFE MEMBER : Rs. 2000/- One Time Subscription
4. RENEWAL OF MEMBERSHIP : Rs. 280/- For Ordinary Member

All payment by draft in favor of "**Paramedical Council India**, payable at **Kolkata**" addressed to " The General Secretary, Paramedical Council, India, 36, Pulin Avenue, Kolkata-700081, West Bengal. Ph:033-32412456, Fax:033-25132425, email: paramedicalcouncilindia@gmail.com Website: www.paramedicalcouncil.org

FOR STATE BRANCH OFFICE USE ONLY

FORWARDED BY THE EXECUTIVE COMMITTEE OF STATE BRANCH

CERTIFICATES CHECKED BY: _____ (STATE BRANCH CONVENOR)

MONEY RECEIVED Rs. _____ AS D.D. No. _____ DATED _____

DRAWN FROM _____ BANK.

SIGNATURE _____
(STATE BRANCH CONVENOR)

FOR CENTRAL OFFICE USE ONLY

THE ABOVE CANDIDATE HAS/HAS NOT BEEN ENROLLED AS MEMBER OF THE COUNCIL WITH Regd No: _____ AND ACCEPTED/REJECTED HIS/HER CANDIDATURE.

SIGNATURE _____
(GENERAL SECRETARY)