

PARAMEDICAL COUNCIL OF INDIA



Form - A

APPLICATION FORM FOR REGISTRATION

Attested
Photograph

(Attach 1 Copy and
Staple 3 Copy)

To,

The Secretary
Paramedical Council of India

Dear Sir,

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

1. Full Name : _____
(In block letter beginning with surname)
2. Father's Name : _____
(in block letters beginning with surname)
3. Nationality : _____
4. Residential Address : _____

5. Professional Address: _____

6. Date of Birth : _____
7. Mobile No: _____ Email ID: _____
8. a. Qualification for Registration possessed by the applicant : _____

- b. Date on which applicant obtained the qualification : _____
- c. The name of the Institution where the applicant received training for such qualification and the duration of such training : _____

II. I enclose herewith:

- i) A copy of my birth certificate / Matriculation Certificate / Secondary Certificate / Secondary School Leaving Certificate / School Leaving Certificate.
- ii) 2 attested copies of certificate of the Diploma/Certificate courses, awarded to me by the Institutions.
- iii) Address Proof (Xerox copy of Aadhar Card / Voter Card / Passport / Driving License).

I agree with the Constitutional rules and by-laws of the Council and respects its ethics and principles.

I am remitting Rs As registration fee and membership subscription by D.D.

No.....Dated.....Drawn from Bank.

I certify that all the particulars furnished above, are true to the best of my knowledge and belief.

Date: _____
Place: _____

Yours faithfully,

(Signature of the applicant)

DECLARATION AND OATH

1. I solemnly pledge to abide by all the rules for the service of the humanity.
2. Given under threat, I will not use my Paramedical knowledge contrary to the laws of humanity.
3. I will maintain the utmost respect for human life.
4. I will not permit considerations of religion, nationality, race, political belief or secret standing to intervene between my duty and my patient.
5. The health of my patient shall be my first consideration.
6. I will respect the secrets which are confided to me.
7. I will give to my teachers the respect and gratitude which is their due.
8. I will maintain by all means in my power the honour and noble traditions of Paramedical profession.
9. My colleagues will be my brothers and sisters.
10. I make these promises solemnly, freely and upon my honour.

(Signature of the candidate)

Name: _____

Date: _____

N.B.: The Declaration and Oath should be signed by the applicant and duly attested by a Registered Medical Practitioner.

INFORMATION (SUBSCRIPTION)

REGISTRATION FOR LIFE TIME : RS. 3000/-
REGISTRATION FOR ONE YEAR : RS. 1300/-

All Payment by draft in favor of "**Paramedical Council of India**" Payable at "**Kolkata**" addressed to The General Secretary Paramedical Council of India 377/1 Pulin Avenue, Kolkata-700081. West Bengal .