

To

The Registrar
The Rajasthan paramedical council
Jaipur (Rajasthan)

Subject - Application for permission to start Para Medical Course
..... (Name of
the Courses).

Herewith we are submitting our application for permission to start
.....(name of the courses).

Details of information required are –

1. Name of the Institution

.....
.....
.....

2. Name of the
Chairperson/Secretary.....

3. Name of the Society/Trust/ Company/Partnership Firm/Individual (**Copy of relevant documents attested by the notary to be attached**)

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.....

4. Address of the Institution where Para medical course will run

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.....

District.....State.....Pin Code.....
Tel. No.....Fax..... (M).....
E-Mail.....website.....

5. Name of the Principal / Dean/HOD.....

Qualification.....Reg. No.....
Tel. No (Office).....Mobile No.....

6. Institution is under (Please ✓ mark)

1	Government		2	University		3	Society	
4	Trust		5	Company		6	Partnership	
7	Individual							

7. Year of establishment.....
8. Separate budget allocated to Paramedical Courses (Last year audited expenditure statement enclosed). **Annexure**
9. Paramedical Courses applied for (Please mention names of the courses)
.....
10. Number of seats applied (course wise)
11. Other Educational Institutions run by the management
12. Name of the Courses already running in the college

13. PHYSICAL FACILITIES:-

Separate building with 4000 Sq. ft. area wise distribution is given below:-

1.	Land available for the said Institution (relevant documents to be enclosed)	Annexure
2.	Whether the institution has own Building.	Yes.....No.....
3.	(i) Blue Print of building (ii) If rented then rent deed registered by sub-registrar for 05 years should be attached.	Annexure
4.	Principal Office	Area in sq. feet
5.	Office Facilities	Area in sq. feet
6.	Number of Class Rooms & Area in sq. feet	
7.	Number of Labs & Area in sq. feet	
8.	Library Area in sq. feet	
9.	Common facilities in sq. feet	
10	Transportation Facilities (as per requirement)	
11.	Boys and Girls hostel (desirable)	
12.	Sports Facilities (desirable)	

14. LIBRARY FACILITIES:-

S. No	Specialty Subjects	No. of Books	No. of Journals	Amount	Bills enclosed

15. CLINICAL FACILITIES:-

Name of the Own Hospital/ Lab	Annexure
No. of Beds distribution	Annexure
Proof of the Hospital/Lab being own Hospital/Lab	Annexure
Pollution Control Board certificate	Annexure
Clinical Establishment Act registration certificate	
Distance of hospital from Para-medical Institution in KM	

16. TEACHING FACILITIES:-

Proposed names of teaching personnel (consent letters to be enclosed).

S. No	Name of teaching faculty	Designation	Qualification	Specialty	Year of Passing	Name of the Instt. / University	Reg. No.	Teaching Exp.			Date of Joining
								UG	P G	Total	

Required Teaching Staff documents :-

1. Appointment letter.
2. Joining report / consent letter
3. Educational qualification Certificate .
4. Past Experience letter, Appointment letter & Reliving letter.
5. ID Proof

17. LIST OF NON- TECHING STAFF:-

S. No.	Name of Staff	Designation	Qualification	Board/university	Date of Joining

18. Instructional (instruments) facilities available.....
(Institute must have own equipment)

19. D. D. of Rs. 30000/- in favour of Registrar, Rajasthan Para-medical Council payable at Jaipur of any nationalized bank or challan or transaction number and ID if paid through online, for recognition fee per course.

20. D.D. of Rs. 5000/- in favour of Registrar, Rajasthan Para-medical Council, payable at Jaipur of any nationalized bank or challan or transaction number and ID if paid through online, for Application Fee.

21. Any Other information.

We request you kindly to arrange for Inspection at your earliest.

Thanking You

Yours faithfully

Date:

List of Annexures

Authorised Signatory
With name, complete address,
Mobile no. and email.

DECLARATION

(By management)

(On 10 rupees non judicial stamp)

I.....S/o,D/o or W/o.....

declare that all the documents & information submitted in this application form are true to the best of my knowledge. I understand that if any, of the information is found wrong, my application will stand cancelled. I will abide by the rules & regulations in force in Rajasthan Paramedical Council and as amended from time to time.

Date : _____

Place: _____

(Signature of the Applicant)

Name of the Applicant

Seal of the Institution