

To

The Registrar
Rajasthan Para Medical Council
Jaipur,

Color Passport
Size photo
Attested by
Gazetted officer

Sub:- Application for Registration as Para Medical personnel in
(name of the course).....

1. Name of the Applicant (In block letters)
2. Father's Name (in block letters)
3. Mother's Name (in block letters)
4. Date of Birth in figures (in Christian era)
5. Date of Birth in words
6. Address to which communications are to be sent

Phone No. with STD code
mobile No.
Email
Fax
7. Permanent Address.
8. Name of state according Bona-fide residence certificate
9. Nationality
10. Sex
11. Official Address of the applicant

12. Educational qualification:-

S.No.	Name of The course	Name &Address of the Institute/Collage	Period of study	Year of passing	Percent age of marks	Name of University/Board under which the course was conducted
1						
2						
3						
4						
5						

13. Experience:-

S. NO.	Name of Hospital/Institute/Collage	Period of work	Total experience	Name address of the Head of institute with phone/mob. No.
1				
2				
3				
4				
5				

14. State the category to which the registration is applied

(See the instruction)

15. State the medium of instruction of training

16. Details of remittance of registration fee

(DD Number and Date/challan number and date/transaction number and ID if paid through online)

Signature of Applicant With Name

DECLARATION

I.....(Name) hereby declare that the above statement are true to the best of my knowledge and belief and the I am free from the disqualification mentioned in the Rajasthan Para-medical Council Act, 2008, rules and regulations. I promise in the event of being registered and in consideration thereof to be bound by and to conform in all respects to the rules, regulation etc. framed by Council form time to time in force.

Place :

Date :

Signature of Applicant With Name

Instructions for Filling Registration Form

1. Applicant shall enclose a D.D. of Rs. 3000/- (for each Course) drawn in favor of Registrar, Rajasthan Para Medical Council, Jaipur. Applicant registered with other State Councils will pay 4000/- as registration fee and applicant qualified from other countries will pay Rs. 10000/- as registration fee.
2. Registration fee will not be refunded for any reason.
3. Three recent and identical passport size color photographs are to be used (all photos should be same). One should be pasted on the space provided on the application form and that should be attested by a gazette officer/Head of the Institution where the candidate is studying/has studied for the qualifying examination/or Head of Institution where he is working. The other copies of photograph (unattested) should be enclosed with the application and his/her name and date of birth should be printed/written on its bottom.
4. The following documents should be enclosed with the duly filled application form in the order below.
 - i. Demand-draft in favor of **Registrar, Rajasthan Para Medical Council, Jaipur.**
 - ii. Attested copy of the letter of the recognition of the institution/college/university (issuing diploma/degree) from any state Government or Central Government for the purpose. (2 copies both sides, if any).
 - iii. Self Attested copy of Secondary School Marks Sheet/Certificate to prove the date of birth. (2 copies both sides).
 - iv. Self Attested copy of 10+2 mark Sheet/Certificate (2 copies both sides).
 - v. Self Attested copy of Certificate of qualifying examination for which registration is sought (2 copies both sides).
 - vi. Self Attested copy of Cast Certificate and Bona-fide Certificate. (2 copies both sides).
 - vii. Self Attested copy of Aadhar Card (2 copies).