

# Rajasthan Para-Medical Council, Jaipur

## Application Form – Registration Certificate

To,

The Registrar  
Rajasthan Para Medical Council  
Jaipur.

Color Passport  
Size photo  
Attested by  
Gazetted officer

**Sub :** Application for Registration as Para Medical Professional  
(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. Gender :
5. Date of Birth in figures : / /
6. Communication/Permanent Address

Pincode :

7. Mobile Number :
8. E-mail ID :
9. Name of state according Bona-fide residence certificate :
10. Nationality :
11. 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						

**12. 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				

**13. State the category to which the registration is applied**

(See the instruction)

14. State the medium of instruction of training

15. 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.  
(Both side, if any)
  - iii. Self Attested copy of Secondary School Mark Sheet & Certificate to prove the date of birth.(Both side)
  - iv. Self Attested copy of 10+2 (PCM/PCB) Mark Sheet & Certificate. (Both side)
  - v. Self Attested copy of all Mark Sheets, Certificate of qualifying examination for which registration is sought. (2 copies both side)
  - vi. Registration Certificate and original NOC with covering letter of state if state have paramedical council/Board for which registration is sought.
  - vii. Self Attested copy of Cast Certificate.(If applicable)
  - viii. Self Attested copy of Bona-fide Certificate.
  - ix. Self Attested copy of any Identification Card with photo issued by Govt.