

**KERALA PARAMEDICAL COUNCIL**  
**GOVERNMENT OF KERALA**

Paste a passport size  
photograph of the  
applicant and that has to  
be attested  
by a Gazette officer

**APPLICATION FOR REGISTRATION AS PARAMEDICAL PERSONNELS**

1. 

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Name and Address of the Applicant with revenue district :  
(In block letters)  
  
Phone No. with STD code :  
Mobile No. :  
Email :  
Fax :
2. Address to which communications are to be sent :
3. Date of Birth in figures (in Christian era) :
4. Date of Birth in words :
5. Nationality :
6. Sex :
7. Father's Name (in block letters) :
8. Nationality of Father :
9. Native Place of Father :
10. Official Address of the applicant :

**11. Educational qualification**

SNo	Name of the course(from SSLC onwards)	Name& Address of the Institute/College	Period of study	Year of Pass	Percentage of mark	Name of University /Board under which the course was conducted
1						
2						
3						
4						
5						
6						

**12. Experience**

SNo	Name of Hospital / Institute/College	Period of work (Eg-12/2/04 to 15/5/05)	Total experience (eg-1year&3 months)	Name address of the Head of institute with phone/mob. No
1				
2				
3				
4				
5				

13. State the category to which the registration sought

(See the instruction)

14. State the medium of instruction of training :

15. Details of remittance of registration fee  
(Date and number of receipt or DD Number & Date) :

**DECLARATION**

I .....( Name) hereby declare that the statement made in the form are true to the best of my knowledge and belief and that I am free from the disqualification mentioned in the sections of paramedical council bill/Act and promise in the event of my being registered and in consideration their of to be bound by and to conform in all respects to the rules ,regulations etc.,framed by council from time to time in force.

Place :

Signature

Date :

Name

### **Instructions**

- 1) Registration will not be allowed if the degree/Diploma/certificate /course were issued from a College/Institute /University not recognized by the paramedical council for which the registration is sought
  - 2) Applicant shall remit an amount of Rs.500/- (for each profession) as DD drawn in favour of Secretary, Para medical council, Government of Kerala, Thiruvananthapuram payable at SBT main Branch, Thiruvananthapuram as Registration fees.
  - 3) Registration fee will not be refunded at any reason.
  - 4) Applicants who want to register as Health inspector shall submit their application before the Director of Health services, DHS office, Thiruvananthapuram.
  - 5) Applicants who want to register in the following categories shall submit their application before the Director, Directorate of Medical Education, Medical College.P.O., Thiruvananthapuram-695011.
    - a) Medical Laboratory Technician/Blood bank Technician
    - b) Radiographer/X-Ray technician
    - c) Ophthalmic assistant/Optometrlist
    - d) Dialysis technician
    - e) Operation theatre Technician
    - f) Neuro technician
    - g) Physiotherapist
    - h) Cardiac technician
    - i) Other courses approved by Paramedical council
  - 6) No need of separate covering letter together with the application for registration.
  - 7) Three recent and identical passport size colour photographs are to be used..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..The other two 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.
  - 8) The following documents should be enclosed with the duly filled application form in the order below
    - a) Demand draft in favour of secretary, Paramedical council, Government of Kerala, Thiruvananthapuram
    - b) Copy of the Government letter of permission for the recognition of the course in case of private /self financing institutes
    - c) Attested copy of SSLC or equivalent qualification to prove the date of birth.
    - d) Attested copy of +2 mark list (both sides) or equivalent qualification..
    - e) Attested copy of qualifying technical /academic qualification (both sides) for which registration is sought (2 copies).
    - f) One copy of qualifying technical /academic qualification (both sides) for which registration is sought (without attestation).
    - g) Two Attested copies of each additional qualification for which registration is sought and one copy without attestation.
    - h) One self-addressed cloth coated A4 sized envelope.
    - i) Write the name and course of registration at the back side of the original Demand draft with a pencil and attach it as the last item. Also do not punch in the DD but you can stapler it properly.
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