

**GOVERNMENT OF KERALA  
PARAMEDICAL COUNCIL**

**APPLICATION FOR STARTING PARAMEDICAL COURSES**  
(Each application form consists of a general proforma and a course concerned proforma)

**A. General Proforma**

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1. Name and Address of the Applicant/Institution /  
Educational Agency proposed :  
  
Name :  
Address with pin code :  
Phone No. :  
Email :  
Fax :  
2. Address to which communications are to be sent :.
  
3. Whether the agency is a registered society :  
(Attach copy of registration certificate)
4. Whether the Place /Institute belong to the  
Jurisdiction of Corporation/Municipality/ panchayat :
5. Name of the Village, Taluk and District  
in which the Institute is proposed :
6. Whether the Institute has already constructed. :  
If yes,  
a) State the purpose for which it was constructed :  
b) Date of completion of construction :  
c) Total Area of the building :  
(attach copy of approved plan)  
d) Whether the construction is as per the :  
Stipulation of the paramedical council
7. Area of land (attach copies of document) :
8. Registered owner of the land. :
9. Land description and exact location of the land :  
(Enclose the plan of the land with road map)
10. Whether no objection certificate obtained from the local bodies :  
If yes, attach the copies of no objection certificate  
for the project proposal from the Local bodies-  
(Panchayat/Municipality/Corporation.)
11. Name of the courses applied for 1) :  
2) :  
3) :
12. Name of the Institutes which conduct  
the same courses with in the distance of 10 Km :
13. Number of seats proposed :
14. Whether the Institute has experience in conducting  
other Medical or Paramedical courses :  
  
If yes, give details

Sl.No	Name of the course	Year of starting	Number of students per batch	Name of University/Board

15. Name of the Head of Institution/  
Authorized signatory of the agency :

Designation :  
Qualification :  
Phone No. :  
Mobile No. :  
Fax :  
E mail :

16. Whether the Institute has own Hospital in the premises :

If yes,  
a) When the hospital started function :  
b) Area of land :  
c) Name of the owner :  
d) Total working space available :  
(Attach the copy of approved plan)  
e) Total no of in-patient/month :  
f) Total number of out patient/month :  
g) Number of bed :

17. Whether the hospital has specialty clinics :

If yes, give details

SNo	Name of the specialties	Year of starting	Number of out patients/yr	No. of inpatients/yr

18. Whether the institute has Auditorium to conduct  
Common student's functions/examinations/seminars :  
If yes, Total number of students in the institute :  
Total working Area of auditorium :  
How many students can be occupied? :  
Facilities in the auditorium :

19. Whether the institute has Common room for boys /Girls :  
If yes, Total working area :  
Facilities available in the common room :

20. Whether the institute has a Library :  
If yes, Total area :  
Facilities available in the library :  
Number of books available in each course concerned: :  
Availability of Internet :

- 21. Whether the institute has Hostel for :  
If yes, Total number of rooms :  
Total room space in square meter :  
Total working area excluding the rooms :
  
- 22. Whether the institute has Hostel for Girls :  
If yes, Total number of rooms :  
Total room space in square meter :  
Total working area excluding the rooms :  
(In square meter)
  
- 23. Whether the financial status of the institute permit :  
to start the new course :  
If yes, give the details of budget provisions :
  
- 24. Whether the institute has common toilet for :  
Girls :  
Boys :  
Staff :
  
- 25. Others :