

APPLICATION FORM FOR REGISTRATION IN THE PARAMEDICAL COUNCIL OF INDIA REGISTERAND FOR ISSUANCE OF CERTIFICATE OF REGISTRATION.

1. Name of the applicant (In Block Letters)
2. Gender: Male /Female /Other
3. Age:
4. Parent's Name (Full)
5. Are you a citizen of India
 - a. By birth or
 - b. By domicileIf so, state the date of becoming India citizen.
6. Date and place of Birth
7. Present Occupation and Address (In block letters) with pin code
8. Permanent Address (In block letters) with pin code
9. Phone number
10. Details of payment of fee towards registration
11. Details of educational qualifications prior to/other than allied And Healthcare qualifications

Educational Qualification	Name of School/College	Board/ University	Year of Passing
Matriculation or equivalent			
Senior Secondary or equivalent			

12. Details of Allied and Healthcare qualification for which registration is applied

Name of Qualification (s)	Name of Institute /College	University	Duration of the Course (with internship)	Name & address of hospital /institute of internship	Date of admission and passing

Form C

Registration No.XXXXXX2021

Name	
Father name	
D.O.B.	
Address	
Date and place of registration	
Qualification	
Date of completing qualification	
Examine Body	

(SEAL)

Secretary of PMCI

DELHI

Date

Note:

1. Every Registered Practitioner should be careful to send to the Secretary's immediate notice of any change in his address and also answer all enquiries that may be sent to him by the Secretary in regard thereto in order that his correct address may be duly inserted in the Register of Registered Practitioners.

2. No charge is made for alteration of address.
3. (M) & (F) indicates (Male) & (Female) respectively.
4. In case of issuance of Duplicate certificate a fee of Rs. 2000/- and for renewal certificate Rs. 3000/- is chargeable. The mode of payment will be as specified by the Paramedical Council of India.

FORM D

Application Form

Registration of Additional Qualification /s under rule of the Paramedical Council of India

1. Name of the Professional :
2. Primary Qualification Registration Number :
3. Primary registration Number :
4. Address and Phone No. as given in the Register :
5. State Council with which registered earlier (if any):
6. Present Address in Block Capitals with Pin code & Phone No.
7. Permanent Address in Block Capitals with Pin Code & Phone no.
8. Details of Additional Qualification applied for :

Name of Qualification (s)	Name of Institute/ College	University	Duration of the Course (with internship)	Name & address of hospital/ institute of internship	Date of admission and passing

Date:

Signature of the Candidate

I solemnly affirm and declare that above entries made by me are correct.

Date:

Signature of the

Candidate
(Name -----)

DECLARATION

I have read and understood the rules and regulation of the council and satisfied myself.

I have furnished necessary information/document(s) correctly.
I shall submit any other document(s) that may be required in the future.

I understand that my registration is liable to be cancelled by the Paramedical Council of India/document(s) submitted herewith is found incorrect or misleading. Further the council has full authority to take appropriate action which shall be acceptable to me.

If any information submitted by me is found incorrect the council has the authority to cancel the certificate any time.

Date:

Signature of the

Candidate

(Name -----)

Instruction to Candidates for filling the application for Registration of additional qualification.

1. The application form should be properly and neatly filled in.
2. A non-refundable crossed Bank Draft @ Rs.2000/- (Rupees Two Thousand only) for each qualification, in favor of Paramedical Council of India Fund, payable at Sultanpur, must be enclosed along with the application as fee or can be paid online.
3. The candidate is required to send self-attested copies of the degrees/diplomas or provisional certificate of Postgraduate

qualification issued by the Registrar of the University concerned.

4. The application is to be forwarded direct, to this office and be addressed to the Paramedical Council of India, Delhi.

The certificate will be issued only to those who possess a recognized basic allied and Healthcare qualification and subsequently have obtained recognized postgraduate qualification (s) as per provision of the Act.

10. Any other remarks/information that applicant wants to submit.

Signature of Applicant

Dated:

Note:

1. The application form should be properly and neatly filled in.
2. Following documents to be enclosed with application:
 - a) Degree or Diploma in original or Provisional Certificate from the University/or Dean of the college that the applicant is eligible for the award of the degree along with attested copies thereof may be forwarded along with the Registered Certificate.
 - b) Duly attested copy of certificate of practical training. (Compulsory rotating internship) issued by dean of the college.
 - c) Provisional registration certificate in original.
 - d) Two recent passport size photographs front view.
 - e) Signature on two self-adhesive slips provided with application.
 - f) The total registration fee is Rs. 5250/- to be paid along with the application as fee for registration.