PMCI

PMCI Accreditation
Application Form

Applying for Accreditation to PMCI – Paramedical Council Of India

Important guidelines for applicants

1. Please use BLOCK LETTERS when filling the application form.
   (In case of insufficient space, extra pages may be attached with the form referring the information, also numbering each additional answer. Providing application form with incomplete data will make this form invalid.)
2. Kindly assure, the information you provide must be true and valid. In case any information provided, turns out to be untrue or forged, results in the cancellation of your application.
3. All the supporting documentation must be submitted along with the Application form. If any document found missing may result into cancellation of your application.
4. PMCI assessors hold the right to reject or cancel any application accompanied by insufficient or false information.
5. All information will be treated with strict confidentiality.
6. Necessary documents are listed at the end of the application. You can scan and send all of the documents via email.
7. You will probably find that several document requests are not relevant to your institute. Where this is the case no documents are required from you. If we need an explanation we will let you know.

We look forward for your co-operation in this regard.

Thank You !!!

Regards
PMCI Team

1. <u>Application Information:</u>

a) Name of the applicant:

b) Designation:

c) Name of the Institute:

d) Physical Address of the institute
(Street number, Street, City, State, Zip Code and country)

e) Institution's Mailing Address:
(If different than physical address)

f) Office Phone Number(with country code):

g) Mobile Phone Number (with country code):

h) Email Address:

i) Website URL (If available):

2. Organization Structure:

a) Date of Information:

b) Date of Registration:

c) Legal Status:

Profit	
Non-Profit	
Sole-Proprietorship	
Partnership	

d) In case of partnership, provide details:

Name	Contact Number(s)	Email Address(es)
1.		
2.		
3.		
4.		
5.		

e) Owner(s) and Board of Directors, provide details:

Name	Email Address
1.	
2.	
3.	
4.	
5.	

f) Are the premises leased or owned by the Institute?
(If leased, please give expiry date(s) for the lease)

Yes	
No	
Expiry Date(s) for the Lease	

g) Do you have a lease agreement or evidence of ownership:

Yes	
No	

3. Additional Details:

a) Does your institution currently have nationally-recognized institutional accreditation (or its equivalent), or approvals or approvals or authorizations to award degree from an appropriate governing, legal, or similar body?

Yes	
No	

b) Does your institution grant degree at the bachelor's, master's, or doctoral level?

Yes	
No	

c) Provide information relating to the primary representative to PMCI, i.e., the person who will your primary contact for the PMCI and who will vote on behalf of the academic unit on PMCI matters (If not the same as the head of the academic unit):

Name:	Title:
Qualification:	Email Address:
Office Number:	Mobile Number:

d) Provide information relating to your alternate representative to PMCI:

Name:	Title:
Qualification:	Email Address:
Office Number:	Mobile Number:

4. List of Documents:

You need to submit these documents are listed below.

1. Registration License.
2. Brochure/Prospectus of the organization
3. Course Outline.
4. Organizational Structure.
5. Resume/CV of the institute representative.
6. Student's admission form application.
7. Ethics Policy.

Applicant Undertaking

I confirm the information I have supplied is correct and true. I understand that any inaccurate or false information or omission of material information shall render this application invalid.

Applicant's Name: _____

Applicant's Designation: _____

Date: _____

Institute Stamp/Seal:_____