

DIRECTORATE OF MEDICAL EDUCATION: ANDHRA PRADESH, HYDERABAD

**APPLICATION FOR ADMISSION INTO PARAMEDICAL COURSES FOR THE
ACADEMIC YEAR 2006 –2007.**

Application No.

Registration No.

SUMMARY

(TO BE FILLED IN BY THE CANDIDATE IN HIS / HER OWN HANDWRITING)

Mark tick in appropriate space.

1. FULL NAME :

(in Block letters as in SSC / 10th Pass Certificate)

2. SEX :

Male	Female
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3. DATE OF BIRTH :

Date	Month	Year

4. AGE AS ON 31-12-06 :

Year	Month	Day

5. RESERVATION CLAIMED :

SC	ST	BC	OC
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6. LOCAL / NON LOCAL :

AU	OU	SVU	NON LOCAL
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7. EDUCATIONAL QUALIFICATION :

S.S.C	INTERMEDIATE OR ITS EQUIVALENT.
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8. WHETHER PASSED IN :

Single Attempt	Compartmental
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**9. TOTAL MARKS SECURED
(EXCLUDING LANGUAGES IN
CASE INTERMEDIATE AND 2nd
LANGUAGE IN CASE S.S.C)**

Max.Marks	Marks Obtained	Percentage

10. No.of Enclosures :

Signature of the Candidate

FOR OFFICE USE ONLY

Remarks

Checked by

**APPLICATION FOR ADMISSION INTO PARAMEDICAL COURSES FOR THE
ACADEMIC YEAR 2006 –2007.**

APPLIED FOR THE COURSE OF _____

Application No.

Registration No.

Affix Passpost size
Photo attested by
Gazetted Officer

Total No. of enclosures ()

Read the regulations carefully before filling the application

N.B.:

- A. Filled in application forms should reach the concerned Institution on or before 5.00 P.M. on -06-2006.
- B. Application shall be filled in English by the candidate in his / her own handwriting.
- C. Applications of the Candidates who furnish incorrect or false information or enclose false / incorrect certificate shall stand rejected automatically.
- D. Candidates shall not be permitted to change their social status or local candidature etc., after submission of application form.
- E. Applications unaccompanied by required certificates or applications with incomplete entries and ineligible applications shall stand rejected automatically.

1. Name of the Candidate in full :
(in Block letters as in SSC or equivalent certificate)

2. Sex :

3. a. Name of the father :

**b. Name of the Guardian if
father is not alive. :**

**4. Date of Birth as entered in SSC or:
Equivalent examination
(Proof to be enclosed)**

Date	Month	Year

5. Age as on 31st December, 2006 :

6. Address for communication :

7. Place of Birth :

8. Mother Tongue :

9. Native District :

10. Monthly or annual income of parent or Guardian.

A certificate of income from the Dept., where the parent or guardian is working or from the Officer of the Revenue Dept., not below the rank of Mandal Revenue Officer if the parent or guardian is not in service should be submitted at the time of admission. (the Guardians income is not acceptable if father is alive.)

11. Educational Qualifications :

a) Particulars of qualifying examination:

1. Name of the qualifying examination.

S.S.C	Intermediate of its equivalent.
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2. indicate the month and year of first appearance , H.T.No., Subjects, class or division in Examination.

Month		Year			

Hall Ticket No. _____

Division / Class _____

Passed

Single attempt	Compartmental
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b) particulars of study: furnish the following details for the four / seven consecutive academic years ending with the month and year mentioned in the column (a) above. (Study, Bonafide certificate from the Heads of the Institutions / (Govt./ZPH / Private School) should be enclosed as proof).

S.No.	Academic year	Class in which studied during the year (if not studied in any year, state so and specify the reason in the remarks column)	Name and place of the Institutions in which studied and the district in which Institutions situated	Remarks
1		Primary Education		
2		VI CLASS		
3		VII CLASS		
4		VIII CLASS		
5		IX CLASS		
6		X CLASS		
7		INTERMEDIATE		

Note: In reckoning consecutive academic years of study, any period of interruption of study by reason of his / her failure to pass any examination other than the qualifying examination as entered in Column (a) shall be disregarded. In such cases information of the earlier academic years should also be furnished till information for four / seven academic years is furnished.

c) If during the four / seven consecutive academic years mentioned in the column (b) above, not study during the whole or any part of the four / seven consecutive academic years in any educational institution, furnish particulars of residence as shown below for the four / seven years period immediately preceding the month and year mentioned in the column (a). A certificate from the Revenue Officer not below the rank of Mandal Revenue Officer, certifying your residence for the above period should be enclosed. (Candidates who have not studied in any school either Private or Govt. School).

S.No.	Period during which resided	Village / Town / Mandal / District in which resided	Remarks
1.			
2.			
3.			
4.			
5.			
6.			
7.			

12. Furnish information on the following:

a. Whether the candidate belongs to SC / ST and if so, enclose certificate to the effect

SC	ST
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Caste _____ Sl.No. _____

b. Whether the candidate belongs to Backward class and if so, specify the community and the group and Sl.No. as in Regulations and enclose certificate.

BC			
A	B	C	D

Caste _____ Sl.No. _____

c. Whether the candidate belongs to Scheduled Caste or Scheduled Tribe or Backward class, whether the candidate enjoyed any educational concession granted by the Government and if so, furnish details.

d. Claims local or non-local

LOCAL	NON-LOCAL

DECLARATION

I hereby solemnly and sincerely affirm that the statement made and the information furnished by me in the application form and also in all the enclosures there to submitted by me are true and correct. I have not kept any information secret. Should it however be found that any information furnished therein is fraudulent, incorrect or untrue in material particulars. I realize my selection or admission to the course is liable to be cancelled and I am liable to criminal prosecution. Further I also agree to forego my seat in the college unconditionally.

I shall abide by the decision of the Selection Committee which shall be final and binding on me.

SIGNATURE OF THE APPLICANT

I have fully read the information furnished by my son / daughter / ward and affirm that it is true and if it is proved that the information was fraudulent, I am liable to criminal prosecution.

ADDRESS:

SIGNATURE OF FATHER / GUARDIAN

(If father is not alive)

Note: No application will be deemed complete unless this declaration is signed by the candidate and parent / guardian (if father is not alive).

ANNEXURE – 1 **FORM OF CASTE CERTIFICATE**

Serial No.

S.C.

S.T.

B.C.

Emblem

District Code:

Mandal Code:

Village Code:

Certificate No.

COMMUNITY, NATIVITY AND DATE OF BIRTH CERTIFICATE

1. This is to certify that Sri / Smt / Kum _____ Son / daughter of Sri. _____ of Village / Town _____ Mandal _____ District _____ of the State of Andhra Pradesh belongs to _____ Community which is recognized as Scheduled Caste/ Scheduled tribe / Backward class under:
The Constitution (Scheduled Castes) order 1950.
The Constitution (Scheduled Tribes) order 1950.

G.O.Ms.No.1793, Education Dept., dt. 25.9.1970 as amended from the time to time (BC's) S.C's, ST's list (Modification) order 1956, SC's and ST's (Amendment) Act, 1976.
2. It is certified that Sri / Smt / Kum _____ is a native of _____ Village / _____ Town _____ Mandal _____ District of Andhra Pradesh.
3. It is certified that the place of birth of Sri / Smt / Kum _____ is Village / Town _____ Mandal _____ District of Andhra Pradesh.
4. It is certified that the date of birth of Sri/Smt/Kum _____ is Day _____ Month _____ Year _____ (in words) _____ as per the declaration given by his/her father/mother/guardian and as entered in the school records where he / she studied.

Signature :

Date :

Name in Capital Letters:

Designation :

(Seal)

Explanatory Note: While mentioning the Community, the Competent Authority must mention sub-caste (in case of Scheduled Caste) and Sub-Tribe or sub-group (in case of Scheduled Tribes) as listed out in the S.C's and S.T's (Amendment) Act, 1976.

Note: Certifying officer should follow the orders issued in the G.O.Ms.No.58, Social Welfare (J) Dept., dt.12.5.1997.

NOTIFICATION

Applications from the eligible candidates belonging to A.P. State only are invited for admissions into the following Para Medical Training Courses, in Government Medical Colleges in the State / Government General & Chest Hospital, Hyderabad / MNJ Institute of Oncology & R.C.C., Red Hills, Hyderabad for the Academic Year 2006-07.

S.No.	Name of the Medical College / Hospital	Name of the course and No.of Seats available									
		DMLT	DOA	D.R.T.	DMIT	CRA	DRA	BBT	ECG	CLT	Cardiology
01	Andhra Medical College, Visakhapatnam.	30	5	0	0	6	6	2	8	6	0
02	Rangaraya Medical College, Kakinada.	30	5	0	0	6	6	2	8	0	6
03	Siddhartha Medical College, Vijayawada	10	5	0	0	3	3	2	3	0	6
04	Guntur Medical College, Guntur	30	5	0	0	3	3	2	8	0	6
05	Kurnool Medical College, Kurnool	30	5	0	0	6	6	2	8	0	6
06	S.V. Medical College, Tirupati	30	5	0	0	6	6	2	8	0	6
07	Government Medical College, Ananthapur	10	0	0	0	3	3	0	3	0	0
08	Kakatiya Medical College, Warangal.	30	5	0	0	6	6	2	8	0	6
09	Osmania Medical College, Hyderabad	40	5	0	10	6	6	2	10	6	0
10	Gandhi Medical College, Secunderabad.	40	5	0	0	6	6	2	10	6	0
11	MNJ Institute of Oncology & RCC, Red Hills, Hyderabad.	0	0	10	0	0	0	0	0	0	0
12	Govt. General & Chest Hospital, Hyderabad.	20	0	0	0	0	0	0	0	0	0

AGE:

For the Diploma/Certificate Courses the minimum age is 15 years where qualifying examination prescribed as S.S.C. and 16 years for Intermediate and Maximum age is 35 years. The age relaxation in respect of SC, ST & BC candidates will be allowed upto 3 years. The duration of the Courses and minimum education qualification required is specified here under against each course.

Sl.No.	Name of the Course	Duration of the course	Minimum Educational Qualification.
01	D.M.L.T.	2 Years	S.S.C.
02	Diploma in Ophthalmic Assistant	2 Years	S.S.C.
03	Diploma in Radiotherapy Technology	2 Years	Intermediate with Science
04	Diploma Medical Imaging Technology	2 Years	Intermediate with Science
05	Certificate Course in Radiography Technology	1 Year	Intermediate with Science
06	Certificate Course in Dark Room Assistant	1 Year	Intermediate with Science
07	Certificate Course in Blood Bank Technology	1 Year	Intermediate
08	Certificate Course in ECG Tech.	1 Year	S.S.C.
09	Certificate Course in Cath Lab Tech.	1 Year	Intermediate
10	Certificate Course in Cardiology Tech.	1 Year	S.S.C

Applications:-

01 Prescribed application form can be obtained from 12/07/2006 to 24/07/2006 from the offices of the respective Principals of Government Medical Colleges / Superintendent, Govt. General & Chest Hospital for all courses except D.R.T. For Diploma in Radiotherapy Course Application can be had from the O/o the Director, MNJ Institute of Oncology & R.C.C., Red Hills, Hyderabad and also can be downloaded from the following website:

<http://dme.ap.nic.in>

02 The cost of application form is Rs.100/- (Rupees One Hundred only) for all courses. The mode of payment is through Demand Draft from any Nationalized Bank drawn in favour of the concerned Principal, College Development Society / Superintendent, Hospital Development Society of Osmania General Hospital, Hyderabad / Director, MNJ Institute of Oncology & R.C.C., Red Hills, Hyderabad / Govt. General & Chest Hospital, Hyderabad.

Sl.No.	Schedule	Date
01	Date of Issuance of Application forms	From 12/07/2006
02	Last Date for submission of Application forms	24/07/2006
03	Date of 1 st Counselling	28/07/2006
04	Date of 2 nd Counselling	07/08/2006
05	Date of 3 rd Counselling	14/08/2006
06	Date of Commencement of classes	21/08/2006

3) The candidates belonging to the Districts mentioned under column 2 below should send their applications to the Government Medical College / General Hospital under column 1.

Sl.No.	COLUMN 1	COLUMN 2
	Government Medical Colleges / Government General Hospitals	Districts
01	Andhra Medical College, Visakhapatnam OR Rangaraya Medical College, Kakinada OR Siddhartha Medical College, Vijayawada OR Guntur Medical College, Guntur	Srikakulam, Vizianagaram, Visakhapatnam, East Godavari, West Godavari, Krishna at Machilipatnam, Guntur and Prakasam.
02	Kurnool Medical College, Kurnool OR S.V. Medical College, Tirupati OR Government Medical College, Ananthapur	Chittoor, Nellore, Ananthapur, Cuddapah and Kurnool.
03	Osmania Medical College, Hyderabad OR Gandhi Medical College, Secunderabad OR MNJ Institute of Oncology & RCC, Red Hills, Hyderabad OR Kakatiya Medical College, Warangal	Khammam, Warangal, Karimnagar, Adilabad, Nizamabad, Medak, Mahaboobnagar, Nalgonda, Ranga Reddy, Twin Cities of Hyderabad and Secunderabad.

- 04) The filled in applications alongwith necessary certificates and Demand Draft of Rs.100/- (Rupees One hundred only) drawn in favour of the concerned Principal, College Development Society / Superintendent, Hospital Development Society of Govt. General & Chest Hospital, Hyderabad / Director, MNJ Institute of Oncology & RCC, Red Hills, Hyderabad towards Registration fee should reach the Principal / Superintendent of Government Medical College / Hospital concerned / Director, MNJIO & RCC, Hyderabad on or before **24/07/2006 by 5.00 P.M.** The applicants those who have downloaded the application form from the website, have to submit DD for Rs.200/- at the time of submission of the application in favour of the Principal, College Development Society / Superintendent, Hospital Development Society, Director MNJIO & RCC, Hyderabad, where the candidate is willing to apply.
- 05 The Tution fee prescribed per month , per student is Rs.500/-

NOTE:

- 01 Selections will be made purely on merit, on the basis of aggregate marks obtained by the candidates in S.S.C. / Intermediate excluding 2nd Language / Languages respectively. In deciding merit, candidates who qualify under compartmental system will be placed after candidates who passed in a single attempt.
- 02 In complete applications or applications submitted without attested copies of relevant documents will not be entertained.
- 03 The SC / ST / BC candidates should furnish the prescribed community certificate signed by the competent authority not below the rank of M.R.O.
- 04 85 % of seats in local area are reserved in favour of local candidates in relation to the local area and the remaining seats are un-reserved as per A.P.Educational Institutions (Regulation of admission order 1974 as issued in G.O.P.No.646, Education (w) Department, Dt.10/07/1979.
- 05 Out of the seats available for admission 15 % SC, 6 % for ST , 25 % for BC's and 4.75 % for Special Categories (i.e., 3 % for Physically Handicapped, 0.25 % for N.C.C., 0.50 % for Games and Sports and 1 % for Ex-Service) are reserved.
- 06 Migration Certificates of the Students admitted from other than Andhra Pradesh State should be produced otherwise will be cancelled by the Selection Committee.

Sd/- Dr. I.V. Rao
Director of Medical Education

//Attested//

for Director of Medical Education