

TOP PRIORITY
Para Medical Exams



ANDHRA PRADESH PARAMEDICAL BOARD

Room No. 306 of the Directorate of Medical Education Complex, Behind Kendriya Sadan, Koti, Hyd-500 001
Phone & Fax: 040 -24653519

CIRCULAR No.75/ APPMB/ 2008-1 dated 17-05-2008

Sub: M.E. – Para Medical Courses–Admission into certain Para Medical Courses in all Govt. Medical Colleges in the State and MNJ IO& RCC, Hyderabad – Notification of Schedule – Reg.

- Ref:
- 1 The A.P Para Medical Board Act 2006 (A P Act 38 of 2006) published in the Andhra Pradesh Gazette Part IV–B Extraordinary issue dated the 25-09-2006.
 - 2 GO Ms No, 125, HM&FW (K2) Department dated 25-04-2007
 - 3 GO Ms No, 128, HM&FW (K2) Department dated 25-04-2007

The officers noted in the address entry are invited to the reference cited and they are requested to take necessary steps for successful completion of selections and admissions into Para Medical Courses for the Academic Year 2008-09 in all Government Medical Colleges in the State and MNJ Institute of Oncology & RCC, Red Hills, Hyderabad.

They are also requested to display the enclosed Notification on the Notice Board of their respective Institutions. The prescribed Application Format and Notification for the said courses are also made in your e-mail address for taking necessary arrangements for sale of the applications.

The Director, MNJ IO & RCC, Red Hills, Hyderabad is requested to receive the applications from the entire State in respect of DRT course and conduct counseling for the same as per the schedule.

The Superintendent, Govt. General & Chest Hospital, Hyderabad with a request to coordinate with the Principal, Osmania Medical College, Hyderabad with regard to DMLT (20) seats of his Institute in the counselling process.

After completion of the selection procedure, all the Principals and the Director, MNJ IO & RCC, Red Hills, Hyderabad are requested to send the list of selected candidates by 30-08-2008 without fail. In case the said list is not sent by 30-08-2008 to the A.P Para Medical Board, Hyderabad, the candidates so selected will not be permitted to appear Examination.

Secretary
A.P. Paramedical Board

To
The Principals of all Government Medical Colleges in the State.
The Director MNJ IO & RCC, Red Hills, Hyderabad.
The Superintendent, Govt. General & Chest Hospital, Hyderabad
The Director of Medical Education, AP, Hyderabad.

Copy to:

The Commissioner of Social Welfare/ Tribal Welfare/ B.C Welfare, Telugu Samkshema Bhavan, Masab Tank, Hyderabad.

The PS to Prl. Secretary to Government HM&FW Dept. Hyderabad.

The President, AP Para Medical Institutions Management Associations, Flat No.403, Meridian Apts, StreetNo.1, Hill fort, Besides New MLA Quarters, Basheer Bagh, Hyderabad -500 063, A P.



ANDHRA PRADESH PARAMEDICAL BOARD

Room No. 306 of the Directorate of Medical Education Complex, Behind Kendriya Sadan, Koti, Hyd-500 001
Phone & Fax: 040 -24653519

CIRCULAR No.75/ APPMB/ 2008-1, dated 17- 05-2008

1 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 for the Academic Year 2008-09.

2 Districts mentioned against the College will be the Local District or Districts. Seats will be allotted to Local and Non-Local District in the ratio of 85:15.

3 The candidates belonging to the Districts mentioned in column 3 below should send their applications to the Medical College mentioned in column 2 of the table below.

4 The counseling shall be conducted by the Principal of the Medical College mentioned in Column 2 for the Districts mentioned in column 3 of the table below.

S. N o.	Name of the Medical College / Hospital	Local District / Districts	Name of the course and No. of Seats available								
			DMLT	DOA	DMIT	CRA	DRA	BBT	ECG	CLT	Cardiology
1	2	3	4	5	6	7	8	9	10	11	12
01	Andhra Medical College, Visakhapatnam	Srikakulam, Vizianagaram, Visakhapatnam	30	5	0	6	6	2	8	6	0
02	Rangaraya Medical College, Kakinada.	East Godavari, West Godavari	30	5	0	6	6	2	8	0	6
03	Siddhartha Medical College, Vijayawada	Krishna	10	5	0	3	3	2	3	0	6
04	Guntur Medical College, Guntur	Guntur, Prakasam	30	5	0	3	3	2	8	0	6
05	Kurnool Medical College, Kurnool	Kurnool, Kadapa	30	5	0	6	6	2	8	0	6
06	S.V. Medical College, Tirupati	Nellore, Chittoor	30	5	0	6	6	2	8	0	6
07	Government Medical College, Ananthapur	Ananthapur	10	0	0	3	3	0	3	0	0
08	Kakatiya Medical College, Warangal.	Warangal, Khammam	30	5	0	6	6	2	8	0	6
09	Osmania Medical College, Hyd & Govt.Genl.& Chet Hosp. Hyd.	Hyderabad, Nalgonda, M'Nagar, Adilabad, Medak	40 +20 =60	5	10	6	6	2	10	6	0
10	Gandhi Medical College, Secbad.	Ranga Reddy, Karimnagar, Nizamabad	40	5	0	6	6	2	10	6	0
11	MNJ Institute of Oncology & RCC, Red Hills, Hyderabad.	Open for all Districts in A.P	Diploma in Radio Therapy (DRT)								10

5 AGE: For the Diploma/Certificate Courses the minimum age is 15 years where qualifying examination prescribed as S.S.C. / Intermediate. The age relaxation in respect of SC, ST & BC candidates will be allowed up to 3 years. The duration of the courses and minimum educational qualification required is specified here under against each course.

Sl.No.	Name of the Course	Duration of the course	Minimum Educational Qualification.
01	Diploma in Medical Lab Technology	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:-

1. Prescribed application form can be obtained from 02/06/2008 to 25/06/2008 from the offices of the respective Principals of Government Medical Colleges 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. (The application forms can also be downloaded from the following website: <http://dme.ap.nic.in>)
2. 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 Principal of the concerned Medical College / Director, MNJ Institute of Oncology & R.C.C., Red Hills, Hyderabad in respect of Diploma in Radiotherapy Technology Course
3. The filled-in applications along with necessary certificates and Demand Draft of Rs.100/- (Rupees One hundred only) drawn in favour of the concerned Principal Medical College and the Director, MNJ Institute of Oncology & RCC, Red Hills, Hyderabad in respect of DRT Course towards Registration fee should reach the Principal, Government Medical College concerned or Director, MNJIO & RCC, Hyderabad on or before **25/06/2008 by 5.00 P.M.** The applicant who has downloaded the application-form from the website, has to submit DD for Rs.200/- at the time of submission of the application in favour of the Principal concerned Medical College or the Director MNJIO & RCC, Hyderabad, where the candidate is willing to apply.
4. The Tuition fee prescribed per month, per student is Rs.500/- (Rupees Five Hundred only)

5. The Schedule is as follows:

01	Date of Issuance of Application Forms	02/06/2008
02	Last Date for submission of Application forms	25/06/2008
03	Date of 1 st Counselling	10/07/2008
04	Date of 2 nd Counselling	17/07/2008
05	Date of 3 rd Counselling	24/07/2008
06	Date of Commencement of classes	01/08/2008

Selections shall 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.

- 2 Incomplete applications or applications submitted without attested copies of relevant documents will be rejected.
- 3 The SC / ST / BC candidates should furnish the prescribed community certificate signed by the competent authority not below the rank of M.R.O.
- 4 85 % of seats in local area are reserved in favour of the candidates of local Districts mentioned against the Medical College and the remaining 15% 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.
- 5 Out of the seats available for admission 15 % for SC, 6 % for ST , 25% for BC's, and for special categories(i.e. 3% horizontal reservation for Physically Handicapped in each category (OC,BC,SC,ST) for Visually handicapped/Hearing Impaired/Orthopedically Handicapped (each 1%); 1% for NCC candidates; 2% for the children of Ex-Servicemen; 1/2% (half percent) for Sports and Games candidates are reserved.
- 6 Migration Certificates of the students admitted from other than Andhra Pradesh State should be produced otherwise their applications will not be accepted by the Selection Committee.

Secretary
AP Paramedical Board



ANDHRA PRADESH PARAMEDICAL BOARD

Room No. 306 of the Directorate of Medical Education Complex, Behind Kendriya Sadan, Koti, Hyd-500 001
Phone & Fax: 040 -24653519

APPLICATION FOR ADMISSION INTO PARAMEDICAL COURSES FOR THE ACADEMIC YEAR 2008 -09

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

MARK TICK IN APPROPRIATE SPACE

APPLIED FOR THE COURSE OF _____

Application No. District Registration No.

READ THE INSTRUCTIONS ATTACHED HEREIN CAREFULLY BEFORE FILLING THE APPLICATION

1. FULL NAME

(In Block letters as in SSC /
Equivalent Examination Certificate)

Affix Recent Photo
graph Signed by
the Applicant

**2. NAME OF THE FATHER /
GUARDIAN**

:

3. SEX

:

Male	Female
------	--------

4. DATE OF BIRTH

As entered in SSC or Equivalent
Examination (Copy to be enclosed)

:

Date	Month	Year

5. AGE AS ON 01-07-2008

:

Years	Months	Days

6. MOTHER TONGUE

:

--

7. PLACE OF BIRTH

:

Village	Mandal	District

8. RESERVATION CLAIMED

(Please enclose certificate
issued by the Competent Authority)

:

SC	ST	BC	OC
----	----	----	----

9. NAME OF THE DISTRICT

:

LOCAL	NON LOCAL
-------	-----------

10. EDUCATIONAL QUALIFICATION :

(Please enclose copy of relevant certificate of
qualifying examination)

:

S.S.C	INTERMEDIATE OR ITS EQUIVALENT.
-------	---------------------------------

11. WHETHER PASSED

:

If in single attempt: Division : I/II/III	Compartmental
--	---------------

12. TOTAL MARKS SECURED

:

Maximum Marks	Marks Obtained	Percentage

13. PARTICULARS OF STUDY: furnish the following details for the four / seven consecutive academic years ending with the month and year (Copy of 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 Institution is 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 indicated till information for four / seven academic years is furnished.

DECLARATION

I hereby solemnly and sincerely affirm that the information furnished by me in the application form and also in all the enclosures there to submitted by me are true and correct to the best of my knowledge and belief and if found that any information furnished therein is fraudulent, incorrect or untrue 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.

Total No. of enclosures ()

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 FOR COMMUNICATION:

SIGNATURE OF FATHER / GUARDIAN

Note: No application will be deemed complete unless this declaration is signed by the candidate and parent / guardian.

FOR OFFICE USE ONLY

Remarks :

Checked by :



ANDHRA PRADESH PARAMEDICAL BOARD

Room No. 306 of the Directorate of Medical Education Complex, Behind Kendriya Sadan,
Koti, Hyderabad-500 001
Phone & Fax: 040 -24653519

INSTRUCTIONS TO THE STUDENTS

Read the instructions carefully before filling the application

- A. Filled-in application forms should reach the concerned Institution on or before 5.00 P.M. on 25-06-2008.
- B. Application shall be filled in English or Telugu, by the candidate in his / her own handwriting.
- C. Application with incorrect or false information or enclose false / incorrect certificate will be 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 the required certificates or applications with incomplete entries and ineligible applications will be rejected automatically.

F. DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION FORM:

- 1) Date of Birth certificate (SSC or its equivalent pass certificate).
- 2) Memo of the marks and pass certificate of the qualifying examination. (SSC/INTERMEDIATE or its equivalent pass certificate).
- 3) Certificate of study from 6th class to SSC / Intermediate.
- 4) If the Applicant belongs to SC / ST / BC, a Copy of Caste Certificate issued by the competent authority as proof of their claims for reservation.
- 5) The filled in application form along with DD for Rs.100/- (Rupees One Hundred only) drawn from any Nationalized Bank drawn in favour of the Principal of the concerned Medical College / Director, MNJ Institute of Oncology & R.C.C., Red Hills, Hyderabad in respect of Diploma in Radiotherapy Technology Course towards Registration fee should reach the Principal, Government Medical College concerned or Director, MNJIO & RCC, Hyderabad on or before **25/06/2008 by 5.00 P.M.**
- 6) At the time of submission of the filled in application, the applicant who has downloaded the application-form from the website, has to submit DD for Rs.200/- drawn in favour of the Principal concerned Medical College or the Director MNJIO & RCC, Hyderabad.

Secretary
A.P. Paramedical Board