



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, dated 17- 05-2008

Sub: M.E. - Academic Calendar – Admissions into various Para Medical Training Courses in Private Para Medical Institutions in the State for the Academic Year 2008-09- Notification – issued.

Ref: 1. The A.P Para Medical Board Act, 2006 (A. P. Act 38 of 2006) published in the A.P. Gazette Part IV–B Extraordinary issue dt. 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.

All the DM&HOs in the State are requested to issue a notification inviting for applications for admissions into various Para Medical Training Courses in the recognized Para Medical Training Institutions of their jurisdiction for the Academic Year 2008-09 as follows:

Dates of Publication of Notification	02-06-2008
Dates of Issuance of Applications	05-06-2008
Last Date for submission of Applications	25-06-2008
Date of 1 st Counseling	05-07-2008
Date of 2 nd Counseling	15-07-2008
Date of 3 rd Counseling	25-07-2008
Date of Commencement of Classes	01-08-2008

Even after 3rd counseling, if any Government seats are left over, the managements are permitted to fill those seats automatically and the same is informed to the A.P. Para Medical Board immediately.

2. The Selection Committee consisting of following Members shall make selections in respect of Diploma and Certificate Courses to the Government quota seats (i.e. 50% of the total number of sanctioned seats) based purely on merit on the basis of aggregate marks obtained by the candidates in relevant group subjects excluding the marks obtained in the language. In deciding such merit, candidates who pass under compartmental system will be placed after candidates who pass in single sitting.

a)	Dist. Medical & Health Officer	: Chairman cum- Convener
b)	Superintendent of a Teaching hospital	: Member
c)	Deputy Director/ District Social Welfare Officer	: Member
d)	Principal of the concerned training Institution	: Member

3. The Selection Committee shall **verify the G.Os in which the seats were granted** to the Para Medical Institutions and **approve the selection lists** of the Government and Management seats. The Selection Committee shall also verify the **recognition granted to the Para Medical Institution by the Andhra Pradesh Para Medical Board and obtain a copy of the said recognition certificate from the Para Medical Institution.**

4. The Management of the Institution shall admit the candidates allotted by the Selection Committee on the basis of ranking assigned to them against the Government seats. The maximum number of students to be admitted in each Para Medical Training course shall be the sanctioned in take capacity. Selection for the Management seats shall be made by the managements. However, the selection shall be based on merit in the qualifying examination.

5. **Rules of reservation** shall be strictly followed while making selection for both Government quota seats and management seats. The seats reserved for Scheduled Tribes shall be made available to Scheduled castes and vice-verse, if qualified candidates are not available in the category. If qualified candidates belonging to Scheduled Castes and Scheduled tribes are not available, the left over seats reserved for them shall be treated as open competition seats and shall be filled up with the candidates of general pool

6. 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.

7. **The reservations meant for local candidates** shall be followed as prescribed in the Andhra Pradesh Educations Institutions (Regulations of Admissions) Order, 1974, as amended from the to time. The candidates should be Indian Nationals and minimum age shall be fifteen (15) years for diploma or certificate courses

8. The Tuition fee prescribed per year, per student is Rs. 12,000/- for Government seats. As regards the management seats are concerned, the fee shall not be more than three times the fee applicable to Government seats or as may be prescribed by the Government from time to time. The institutions may collect the special fees as per the GO Ms. No.258, HM&FW (K2) Dept. The qualifying examination (passed) is as follows:-

Diploma Courses (Two Years Duration)

No.	Name of the Course	Qualifying Exam
1	Medical Laboratory Technician	S.S.C.
2	Ophthalmic Assistant (DOA)	S.S.C.
3	Optometry Technician	S.S.C.
4	Medical Imaging Technician	Inter mediate (Science)
5	Audiometry Technician	Intermediate
6	Perfusion Technician	Intermediate
7	Radio Therapy Technician	Intermediate (Science)
8	Respiratory Therapy Technician	Intermediate
9	Dialysis Technician	Intermediate
10	Hospital Food Service Management Technician	S.S.C.
11	Medical Sterilization Technician	Intermediate
12	Multi Purpose Health Worker (Male)	Intermediate
Certificate Course (One year duration)		
1	Cardiology Technician	S.S.C.
2	Cath lab Technician	Intermediate
3	ECG Technician	S.S.C.
4	Blood Bank Technician (BBT)	Intermediate
5	Radiographic Assistant (CRA)	Intermediate (Science)
6	Dark Room Assistant (DRA)	Intermediate (Science)
7	Anesthesia Technician	Intermediate

9. After completion of the selection process, the DM&HOs are requested to send the list of candidates selected for various para medical courses of the A.P Para Medial Board, Hyderabad by 30-09-2008 without fail. In case the list is not sent by 30-09-2008 the candidates so selected will not be permitted to appear for the Examination.

Secretary
AP Paramedical Board

To

All the District Medical & Health Officers in the State.

Copy to:

The Director of Medical Education, AP, Hyderabad.

The Commissioner of Social Welfare/ Tribal Welfare/ B.C Welfare, Masab Tank, Hyd.

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.



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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)

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

3. SEX :

Male	Female
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4. DATE OF BIRTH :
As entered in SSC or Equivalent
Examination (Copy to be enclosed)

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. AGE AS ON 01-07-2008 :

Years	Months	Days
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. MOTHER TONGUE :

7. PLACE OF BIRTH :

Village	Mandal	District
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. RESERVATION CLAIMED :
(Please enclose certificate to the effect
issued by the Competent Authority)

SC	ST	BC	OC
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9. NAME OF THE DISTRICT :

LOCAL	NON LOCAL
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10. EDUCATIONAL QUALIFICATION :
(Please enclose copy of relevant certificate of
qualifying examination)

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

If single attempt: Division : I/II/III	Compartmental
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12. TOTAL MARKS SECURED :

Maximum Marks	Marks Obtained	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>

Affix Recent
Photo graph
Signed by the
Applicant

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 :



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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.

G. Documents to be submitted at the time of admission.

All the originals of the Certificates mentioned above.

Secretary
A.P. Paramedical Board