

**KERALA PARAMEDICAL COUNCIL**  
**GOVERNMENT OF KERALA**

Paste a passport  
size photograph of  
the applicant and  
that has to be  
attested  
by a Gazette  
officer

**APPLICATION FOR REGISTRATION OF PARAMEDICAL PERSONNELS**

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1. Name and Address of the Applicant with revenue district :  
(In block letters)  
  
Phone No. with STD code :  
Mobile No. :  
Email :  
Fax :
2. Address to which communications are to be sent :
3. Date of Birth in figures (in Christian era) :
4. Date of Birth in words :
5. Nationality :
6. Sex :
7. Father's Name (in block letters) :
8. Nationality of Father :
9. Native Place of Father :
10. Official Address of the applicant :

**11. Educational qualification**

SNo	Name of the course (from SSLC onwards)	Name Address of the Institute/College	Period of study	Year of Pass	Percent age of mark	Name of University/Board under which the course was conducted
1						
2						
3						
4						
5						

## 12. Experience

SNo	Name of Institute/College	Period of work (Eg-12/2/04 to 15/5/05)	Total experience (eg-1year&3 months)	Name address of the Head of institute with phone/mob. No
1				
2				
3				
4				

13. State the category to which the registration sought :  
(See the instruction)

14. State the medium of instruction of training :

15. Details of remittance of registration fee :  
(Date and number of receipt or DD Number & Date)

### DECLARATION

I .....( Name) hereby declare that the statement made in the form are true to the best of my knowledge and belief and that I am free from the disqualification mentioned in the sections of paramedical council bill/Act and promise in the event of my being registered and in consideration their of to be bound by and to conform in all respects to the rules ,regulations etc.,framed by council from time to time in force.

Place : Signature

Date : Name

### Instructions

- 1) Registration will not be allowed if the degree/Diploma/certificate /course were issued from a college/institute /university not recognized by the paramedical council for which the registration is sought
- 2) Applicant shall remit an amount of Rs.500/- (for each profession) as DD drawn in favour of Secretary, Para medical council, Government of Kerala, Thiruvananthapuram payable at SBT main Branch, Thiruvananthapuram as Registration fees.
- 3) Registration fee will not be refunded at any reason.
- 4) Applicants who want to register as Health inspector shall submit their application before the Director of Health services, DHS office, Thruvananthapuram.
- 5) Applicants who want to register in the following categories shall submit their application before the Director, Directorate of Medical Education, Medical College.PO, and Thiruvananthapuram-695011.
  - a) Laboratory technician/Blood bank Technician
  - b) Radiographer/X-Ray technician
  - c) Ophthalmic assistant/Optometrlist

- d) Dialysis technician
  - e) Operation theatre Technician
  - f) Neuro technician/EEG technician/EMG technician
  - g) Physiotherapist
  - h) Cardiovascular technician / perfusionist
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- 6) No need of separate covering letter together with the application for registration.
  - 7) A passport size recent photograph should be pasted on the space provided on the application form and that should be attested by a gazette officer
  - 8) The following documents should be enclosed with the duly filled application form in the order below
    - a) Demand draft in favour of secretary, Paramedical council, Government of Kerala, Thiruvananthapuram
    - b) Copy of the Government letter of permission for the recognition of the course in case of private /self financing institutes
    - c) Attested copy of SSLC or equalent qualification to prove the date of birth
    - d) Attested copy of +2 mark list or equalent qualification .
    - e) Attested copy of qualifying technical qualification for which registration is sought (2 copies).
    - f) Attested copy of all additional qualification for which registration is sought (2 copies).
    - g) Enclose 2 copies of recent passport size photograph taken with in a period of three months.