



## ANDHRA PRADESH PARA MEDICAL BOARD

Ground Floor, O/o Directorate of Medical Education, A.P,  
Old Government General Hospital, Hanuman pet, Vijayawada-520003

Website: www.appmb.co.in

FORM XIII [Rule-17 (1) of AP Para medical Board Rules, 2006]

**(To be submitted in Duplicate)**

**APPLICATION No.....ISSUED IN RESPECT OF.....COURSE**  
FOR THE PURPOSE OF RECOGNITION (**RENEWAL**) OF PARAMEDICAL EDUCATION TRAINING INSTITUTION

<b>1</b>	Name of the Para Medical Educational and Training Institution with its full address including mobile phone numbers & e-mail ID	
<b>2</b>	Name of Director or Authorized person for correspondence with mobile phone number	
<b>3</b>	Name and Address of Educational Society/ Trust which established the Institution ( please enclose a copy of the Bye-Laws)	
<b>4</b>	a) Whether accommodation is owned by the Institution, (please enclose a copy of the title deed.)  b) If it is on lease or rent, the period shall not be less than five (5) years (please enclose a copy of the registered lease or rental deed.)	
<b>5</b>	The date of establishment of Institution (please enclose documentary proof)	
<b>6</b>	Total area of Institution (please enclose a copy of the sanctioned building plan & a set of photographs of the premises with its functional areas )	a) Open area                      b) Constructed area
<b>7</b>	Clinical attachment whether it is a Private Hospital or Government Hospital with number of beds (Please enclose consent letters from the Authorized person of the hospital. If it is Government Hospital, please enclose consent letter of the Commissioner, APVVP, Hyderabad.)	

<b>8</b>	Details of faculty members with their Registered numbers from SMC / IMC (please enclose the list)	
<b>9</b>	Details of supporting staff (Please enclose the list)	
<b>10</b>	Details of equipment & furniture available (Please enclose the list)	
<b>11</b>	Details of Laboratory (Please enclose the list)	
<b>12</b>	Financial position of the Institute (Please enclose the latest Account Statement issued by your Bank))	
<b>13</b>	Any other information relating to Institute / Hospital.	
<b>14</b>	Please remit Rs.10, 000/- to AP Para Medical Board, Vijayawada, Account Number <b>142411100000618</b> of <b>Andhra Bank, Bharathi Nagar Branch, Vijayawada.</b> (Through online) towards Renewal Fees and <b>enclose</b> the receipt of the same to the Application.	Receipt No : Date. : Branch :

I hereby declare that the information furnished above is true to the best of my knowledge and belief and if it is found later that any wrong information is furnished or suppressed the material facts, I will take full responsibility for the consequential action as per law. I further declare that the institution is willing to comply with the prescribed rules.

Place:  
Date:

Signature  
Name of the Institution  
with Seal