

**AP STATE ALLIED AND HEALTHCARE PROFESSIONS COUNCIL,
HANUMANPET, VIJAYAWADA.**

Email Id: apsahpc2022@gmail.com, Phone No: 0866-2974042

FORM-I {Seerule-17(1)}

Dt: _____

To,
The Secretary,
AP State Allied and Healthcare Professions Council,
Vijayawada.

Affix Recent
Photograph of
the applicant

Sir/ Madam,

I _____ (block Letters),
_____ (father name in block letters)
_____ (mother name in block letters) an
employee/Unemployed, here by request you to register/renewal my
certificate in the register of APSAHP Council
_____ Technician course) and arrange to
issue Certificate of Registration/Renewal for which I enclose the following
documents.

Original Certificate of the qualification issued by
_____ for perusal and
return.

1. Xerox copies of the all certificates for record.
2. Character certificates (two)
3. Date of birth & place (please enclose true copy of the 10th class / SSC certificate)

The following certificates to be submitted for record:

1. Original Certificate of Registration.
2. Certificate of SSC/Inter/Degree/PG Diploma/PG Degree.
3. Para Medical Pass Certificate & Memo of Marks.
4. Two Photographs.
5. Apprenticeship / clinical training certificate for the students of vocational course only.
6. Study Certificate.
7. Receipt of the Registration fee paid.
8. Mother Tongue: Telugu/Hindi/Urdu.
9. Nationality : Indian / Non Resident Indian / Foreign.

10. Social Status: SC/ST/BC/ (A/B/C/D/E)/OC.
11. If employed, please furnish the details of the employer.
12. Working Details: Yes/No (If Yes mention Hospital Name and Place)

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- a. Personal Mobile Number: _____
b. Email Id: _____
c. Aadhar Number: _____
d. I have the following two specific personal identification marks by which I may be identified:

1. _____
2. _____

I here by declare that the particulars furnished above are true and complete to the best of my knowledge and belief. I hereby declare that I have read over the instructions carefully and agreed to abide the rules and regulations of the Andhra Pradesh Allied and Healthcare Professions Council.

Permanent Residential Address:(Block Letters)

C/O -
D.No:
Street:
Village/Peta:
Mandal:
Town/Post:
District:
Pincode:

Yours faithfully,

Signature of the Applicant

PARTICULARS OF FEES TO BE PAID

- 1) For Registration - Rs. 550/- (Rupees Five Hundred and Fiftyonly).
- 2) For Renewal – Rs. 550/- (Rupees Five Hundred and Fiftyonly).
- 3) Late fee for Registration for every one (1) year - Rs. 1000/- (Rupees One Thousand only)
- 4) Late fee for Renewal for every one (1) year - Rs. 1000/- (Rupees One Thousand only)
- 5) (The Registration / Renewal fee have to be remitted (**CashDeposit**) in the name of **the AP State Allied and Healthcare Professions Council, Vijayawada, Account Number No.014211010000021of Union Bank, Gandhi Nagar Branch,Vijayawada**).