

Form I
[Rule – 12 (1) of the A.P.Paramedical Board Rules,2006]

To
The Secretary,
AP Para Medical Board, Vijayawada.

Affix Recent
Photograph of the
applicant

Sir,

I _____ (block letters),
_____(mother name in block letters)
_____(father name in block letters), an employee /
Unemployed, request you to register/ renew my Certificate in AP Para Medical Board and
Issue Certificate of Registration / Renewal for the
_____paramedical course pursued in
_____institution.

The following documents in original along one set Xerox copy are herewith enclosed:

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. Aadhar Card(Mandatory)**

Working Details: Yes/No (If Yes, Mention Hospital Name and Place):

1. _____

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I hereby 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 A.P. Para Medical Board.

Permanent Residential Address:

Personal Mobile No:
(Institution Numbers will not be accepted)

Yours faithfully,

Email-Id:

Signature of the Applicant

PARTICULARS OF FEES TO BE PAID

- 1) For Registration - Rs. 515/- (Rupees Five Hundred only).
- 2) For Renewal – Rs. 515/- (Rupees Five Hundred only).
- 3) Late fee for Registration after one (1) year - Rs. 1000/- (Rupees One Thousand only) and for more than one year Rs.1000 + Rs.515 for every additional year.
- 4) Late fee for Renewal after one (1) year - Rs. 1000/- (Rupees One Thousand only) and for more than one year Rs.1000 + Rs.515 for every additional year.

(The Registration / Renewal fee have to be remitted in the name of **the Secretary, Andhra Pradesh Para Medical Board, Vijayawada**, Account Number No. 142411100000618 of Andhra Bank, Bharathi Nagar Branch, Vijayawada).
