



## **TELANGANA STATE PARAMEDICAL BOARD**

#306, Directorate of Medical Education Office Complex, Koti, Hyd-500 095,  
Phone: 040 -24653519, Website: [www.tspmb.telangana.gov.in](http://www.tspmb.telangana.gov.in) email: [secretarytspmb@gmail.com](mailto:secretarytspmb@gmail.com)  
**Notification No.125/TSPMB/Admissions/A Y 2017-18 dt.03-06-2017**

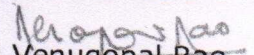
### **INSTRUCTIONS TO THE STUDENTS**

Read the instructions carefully before filling the application

- A. Filled-in application forms should reach the DM&HO or concerned on or before 5.00 P.M. on 03-07-2017.
- B. Application shall be filled with his / her own handwriting in English by the candidate.
- C. Application with incomplete or incorrect or false information or false / incorrect certificate will be rejected automatically without any intimation.
- D. Candidates shall not be permitted to change their social status or local candidature etc., after submission of application form.
- E. Applications unaccompanied with the required certificates or applications with incomplete entries and ineligible applications will be rejected automatically.
- F. The candidate has to pay the fee in full for the entire period of the course in-case he/she discontinue the studies in the middle and to take back the original certificates submitted at the time of admissions.

### **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. (INTERMEDIATE or its equivalent pass certificate) including transfer certificate issued by the Institute from which the candidate has passed the qualified examination.
- 3) Certificate of study from 6<sup>th</sup> class to 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.
- 5) Copy of Aadhar Card.
- 6) The filled in application form along with a sum of Rupees One Hundred only in cash towards processing fee shall be submitted to the concerned on or before **03-07-2017 by 5.00 P.M.**

  
R Venugopal Rao  
Secretary



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## APPLICATION FOR ADMISSION TO PARAMEDICAL COURSES FOR THE ACADEMIC YEAR

(TO BE FILLED IN DUPLICATE BY THE CANDIDATE WITH HIS/HER OWN HANDWRITING) MARK TICK  IN  
APPROPRIATE SPACE

READ THE INSTRUCTIONS ATTACHED HEREIN CAREFULLY BEFORE FILLING THE APPLICATION

APPLIED FOR THE COURSE OF \_\_\_\_\_ COURSE CODE NUMBER \_\_\_\_\_

(if it is in Recognized private para medical institution, submit the application to the DMHO of the district concerned)  
(if it is in Govt. Para Medical Institution, submit the application in the concerned Govt. Medical College)

Application No. \_\_\_\_\_ District \_\_\_\_\_ Registration No. \_\_\_\_\_

1. FULL NAME  
(In Block letters as in  
SSC / Equivalent Exam  
Certificate)

Male Female

\_\_\_\_\_

Affix Recent  
Photo graph  
Signed by  
the  
Applicant

2. NAME OF THE FATHER,  
Or GUARDIAN

\_\_\_\_\_

3. NAME OF THE MOTHER

\_\_\_\_\_

4. AGE & DATE OF BIRTH  
As entered in SSC or Equivalent  
Examination (Copy to be enclosed)

Age	Date	Month	Year

5. MOTHER TONGUE

\_\_\_\_\_

6. PLACE OF BIRTH

Village	Mandal	District

7. RESERVATION CLAIMED

(Please enclose certificate  
issued by the Competent Authority)

SC	ST	BC	OC

8. NAME OF THE DISTRICT

LOCAL	NON LOCAL

9. EDUCATIONAL QUALIFICATION

(Please enclose copy of relevant certificate of  
qualifying examination)

INTERMEDIATE OR ITS EQUIVALENT.

10. WHETHER PASSED

If in single attempt: Division : I/II/III	Compartmental

11. TOTAL MARKS SECURED

Maximum Marks	Marks Obtained	Percentage

**12. 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. I also further declare that I will pay the fee in full for the entire period of the course in-case I discontinue the studies in the middle and take back my original certificates submitted at the time of admissions.

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 :