"An ISO 9001-2000 Certified"

PARA MEDICAL BOARD OF INDIA

(Under Act-1956, S-25182, USO 3718/88,Govt. of India)

E-mail-s.d.pmbi@ gmail.com

DELHI-93

To,

……

SUBJECT: REGARDING TO START PARA MEDICAL COURSES INSTITUTE/ STUDY CENTER

Dear Sir,

With reference to your letter no……..Dated ……in which you have shown your interest to start a Para Medical Institute at your place. In this regard it is inform you that Para Medical Board of India; Delhi is registered with Delhi Government on all India basis

At present about **35** Para Medical Institute / Study Center under this Board are running all over India, after completing the course candidates are provided diplomas/certificate by the PMB of India. For further information regarding opening Para Medical Institute /Study Center, contact personally or send **D/D Rs/-500/-** for getting terms & conditions.

After having completed all formalities according to our terms & condition please contact this office personally or by registered post along with following documents to start Institute.

1. A copy of resolution passed by managing committee. List of members of management and memorandum of society.
2. A photo of Institute Building along with Office, Charitable pathological lab or Association letter minimum 25 bedded hospital.
3. Detail of accommodation. (Enclose the map of building)
4. Furnish information regarding the teaching and clerical staff.
5. Inspection fee **Rs/-15000/-**by cash/bank Draft in favour of **"Registrar- Para Medical Board of India, Delhi-110093"**

After obtaining the above documents, an expert committee of Board will be sent with in fifteen days for inspection to the place and building where you want to run your institute. If our committee is satisfied than you will have to deposit affiliation fee within fifteen days and start advertisement and admission

Courses offered by PMBI

Sl	COURSE	DURATION	SEATS
01	**D.M.L.T.** (Diploma in Medical Laboratory Technology	2 years	40 seats
02	**D.R.I.T.** (Diploma in Radiology & Imaging Technology	2 years	20 seats
03	**DXRT.** (Diploma in X-ray Technician)	1 year	10 seats
04	**ECG.** (Diploma in Electro-Cardio-Graphy)	1 year	10 seats
05	**D.N.A** (Diploma in Nursing Assistant)	1 year	15 seats
06	**D.O.T** (Diploma in Operation Theatre)	2 year	20 seats
07	**D.H.M.** (Diploma in Hospital Management)	2 years	15 seats
08	**MPHW** (Diploma in Multi Purpose Health Worker)	18 Months	25 seats
09	**DVP** (Diploma in Vet nary Pharmacy)	2 year	10 seats
10	**DWB** (Diploma in Ward Boy)	18 Months	25 seats
11	**CIA** (Certificate in Acupressure)	2 years	25 seats
12	**CHW** (Diploma in Community Health Worker)	2 years	30 seats
13	**DNYS** (Diploma in Yoga & Naturopathy)	2 years	25 seats

If you want to open Para Medical Institute/Study Center in this academic session, please contact this office immediately after you have received the letter.

Thanking You.

Yours faithfully
Authorized signature
P.M.B of India

File no----------

Application no---------

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APPLICATION FOR AFFILIATION FOR PARA MEDICAL COURSES

APPLICATION FORM

To
The Secretary / Chairman
Para Medical Board of India
Ashok Nagar, Delhi-93

Subject: Application for affiliation with your Board for Para Medical Courses.

1. ***INFORMATION ABOUT THE INSTITUTION***

I. Name of Institute ----------

(Use Block Letters Only)----------

II. Name of Society/ Trust/

Association----------

III. Postal Address (with Pin Code

IV. Phone/ Fax/ Mobile----------

------E-Mail

V. Police Station----------

VI. Railway Station----------

VII. Year of Establishment----------

VIII. Course applied with duration ----------

2-INFRASTRUCTURAL FACILITIES

I.	*Reception*	*YES/ NO*	Size-
II.	*Principal Room*	*YES/ NO*	Size-
III.	*Staff Room*	*YES/ NO*	Size-
IV.	*Laboratory*	*YES/ NO*	Size-
V.	*Library*	*YES/ NO*	Size-
VI.	*Class room*	*YES/ NO*	Size-
VII.	*Seating Capacity*	*YES/ NO*	Size-
VIII.	*Toilet*	*YES/ NO*	Size-
IX.	***Hospital (own/ Associate)***	***YES/ NO***	
X.	Building	Rental/ Own/	

Leased----------

3- Location of Institute----------

(With Route Map)

4- Detail of Route by Train/ Bus /Air----------

5- Any other relevant information----------

6- Inspection date----------

Full Name & Signature
Of Applicant

Seal
Society / Trust / Institute

3- Premises Requirement

- Institutional Building
    - Principal Office
    - Clerk's Office
    - Common Room
    - Class Room
    - Lon
    - Pathology Laboratory for DMLT course

- X-Ray Department for DRIT Course
- Charitable Hospital for DNA, OT Courses **or** Association Letter of nearest Hospital for Practical Training
- Hostel (Boy/ Girl)

INFORMATION ABOUT THE FOUNDER / DIRECTOR / OF INSTITUTION

Photo
(Attested)

- Name of applicant----------
- Father's name----------
- Date of birth----------
- Qualification----------
- Designation / Position held in Institute / Society (Attached ID Proof & Residence Proof)----------
- Permanent

  Address----------

- Phone/ Fax/ E-mail----------

Signature

***Necessary document**:*

- A copy of resolution passed by managing committee list of members of management and laws of the society
- Furnish a list of apparatus and equipments, Model and Charts ect.
- Photograph of lab, office and front side of Institute building.
- A map of institution building.
- Association letter of Hospital.

AGREEMENTS

This agreement attested by notary on Rs-100/- Stamp Paper

1. I……S/oSh…… R/o……..……,have gone though all rules and regulation of prospectus of ,Para medical Board of India ,Delhi
2. My Institute and I agree to follow all rules and regulation mentioned in prospectus of Para medical Board of India, Delhi.
3. My Institute and I agree to follow amendments done by Board.

4. My Institute and I will not disobey; if we do so then board will have right to cancel our affiliation.
5. My Institute and I have been told that all legal matters will be solved in Delhi court only.
6. My Institute and I have been told that all fees are non-refundable & non adjustable.

Signature
President / Secretary of society