



प्रदेश मेडिकल एंड पैरामेडिकल काउंसिल

PRADESH MEDICAL & PARA MEDICAL COUNCIL

Sector 20, House No A/427, Near Govardhan Apartment,
Vrindavan Awas Vikash Yojna, Infront of SGPGI
Lucknow UP - 226025



Website: www.pmpcouncil.com

AFFILIATION FORM

Coordinator Details:

- Name
- Designation
- Sex Male Female
- Qualification
- Communication Details:
 - PhoneNo
 - Mobile No
 - E-Mail
- Photo ID Proof: Driving License Voter ID Pan
Card(Kindly Enclose a copy)

Affix Recent
Passport Size
Photo of the
Coordinator

Institution's Details:

- Name of Trust/Society
- Name of Institution
- Year of Establishment
- Type of Institution Trust Society
- Postal Address
- District State
- Pin Code
- Communication Details.
 - Phone No
 - Mobile No
 - E-Mail
- Premises Owned Rented
- Total area (in sqft)
- Internet Type Leased Line Broadband Dial-up
Available Resources Generator LCD Player Photocopier

11. Staff Detail

Enclose separate list of all staff member in following format

S. No	Name	Qualification	Gender	Exp.	Specialization	Full/Part Time

12. Infrastructure Details

S. No	Particular	Units	Area(in Sq. ft)
1	Class Rooms		
2	Library(Total Books_____)		
3	Conference Hall		
4	Administrative Area		
5	Staff Room		
6	Reception		
7	Toilet		
8	Other		

(Use separate Sheet if required)

13. Number of Admissions Expected

S. No	Course	No. of Admission	S. No	Course	No. of Admission

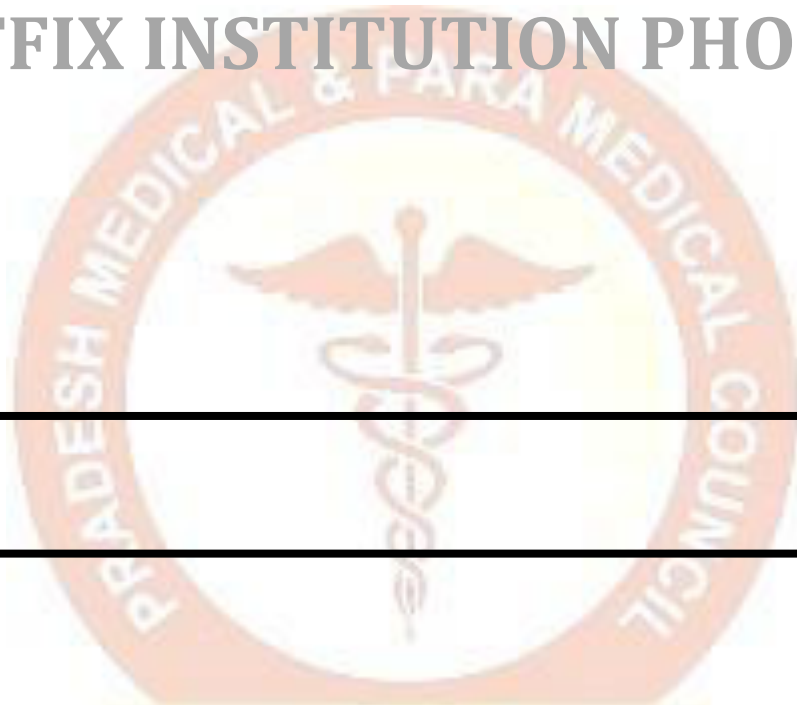


14. Photos to be Pasted:

SPACE FOR AFFIXING

'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANISATION'

AFFIX INSTITUTION PHOTO



AFFIX INSTITUTION PHOTO



Declaration

I certify that the particulars furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. I will abide by all the rules and regulations of Pradesh Medical & Para Medical Council Given time to time. I am ready to work under the control of the Managing Director, Pradesh Medical & Para Medical Council.

I shall be the responsible, in case of any information furnished by me is found wrong or incomplete.

Coordinator Signature with Seal

For Office Use:

Allotted Centre Code: _____

Date of Issue: _____

Approved Courses of the Centre: _____

Authorized Person of Pradesh Medical & Para Medical Council



AFFILIATION CRITERIA

Any Medical Institution/Hospital/Nursing Home working for the medical field can become a Study Centre of Pradesh Medical & Para Medical Council.

1. Copy of Registered Society/Trust/Council/Hospital/Institute/Nursing Home with registration number and date.
2. Rental Agreement or Land registration copy to show ownership of Land
3. Resolution copy of trust proposed and accepted by
Society/Trust/Council/Hospital/Institute/Nursing Home members in letterhead.
4. Self-Declaration by the Coordinator in Rs.100/-non-judicial stamp paper.
5. Educational Qualification of President/Chairman/Trustee/Proprietor of Society/Trust.
6. Copy of Driving License/VoterID/Passport/Aadhar Card of the President /
Chairman / Trustee / Proprietor.
7. PAN Card of the Coordinator
8. PAN Card of the Trust.
9. List of Teaching and Non-Teaching staff members.
10. Bio-data of all teaching Staff members.
11. Profile of the Institution in Letterhead.
12. Lay out of the Institution
13. Route Map of the Institution
14. Infrastructure facilities available for smooth conducting of courses-Details
15. Minimum of six photos showing location, outer view and inner view of
the institution.
16. Three Passport Size photos of the coordinator
17. Affiliation Fee by any method (Demand Draft , Cheque ,Online Payment
Method)

Center Affiliation Fees: Rupees 50,000/- Only.

Visiting Charge Fees: Rupees 10,000/- Only. (If Required)