

**GOVERNMENT OF KERALA
PARAMEDICAL COUNCIL**

APPLICATION FOR STARTING PARAMEDICAL COURSES
(Each application form consists of a general proforma and a course concerned proforma)

A. General Proforma

1. Name and Address of the Applicant/Institution /
Educational Agency proposed :

Name :
Address with pin code :
Phone No. :
Email :
Fax :
2. Address to which communications are to be sent :.

3. Whether the agency is a registered society :
(Attach copy of registration certificate)
4. Whether the Place /Institute belong to the
Jurisdiction of Corporation/Municipality/ panchayat :
5. Name of the Village, Taluk and District
in which the Institute is proposed :
6. Whether the Institute has already constructed. :
If yes,
a) State the purpose for which it was constructed :
b) Date of completion of construction :
c) Total Area of the building :
(attach copy of approved plan)
d) Whether the construction is as per the :
Stipulation of the paramedical council
7. Area of land (attach copies of document) :
8. Registered owner of the land. :
9. Land description and exact location of the land :
(Enclose the plan of the land with road map)
10. Whether no objection certificate obtained from the local bodies :
If yes, attach the copies of no objection certificate
for the project proposal from the Local bodies-
(Panchayat/Municipality/Corporation.)
11. Name of the courses applied for 1)
2)
3)
12. Name of the Institutes which conduct
the same courses with in the distance of 10 Km :
13. Number of seats proposed :
14. Whether the Institute has experience in conducting
other Medical or Paramedical courses :

If yes, give details

Sl.No	Name of the course	Year of starting	Number of students per batch	Name of University/Board

15. Name of the Head of Institution/
Authorized signatory of the agency :

Designation :
Qualification :
Phone No. :
Mobile No. :
Fax :
E mail :

16. Whether the Institute has own Hospital in the premises :

If yes,
a) When the hospital started function :
b) Area of land :
c) Name of the owner :
d) Total working space available :
(Attach the copy of approved plan)
e) Total no of in-patient/month :
f) Total number of out patient/month :
g) Number of bed :

17. Whether the hospital has specialty clinics :

If yes, give details

SNo	Name of the specialties	Year of starting	Number of out patients/yr	No. of inpatients/yr

18. Whether the institute has Auditorium to conduct
Common student's functions/examinations/seminars :
If yes, Total number of students in the institute :
Total working Area of auditorium :
How many students can be occupied? :
Facilities in the auditorium :

19. Whether the institute has Common room for boys /Girls :
If yes, Total working area :
Facilities available in the common room :

20. Whether the institute has a Library :
If yes, Total area :
Facilities available in the library :
Number of books available in each course concerned: :
Availability of Internet :

- 21. Whether the institute has Hostel for :
If yes, Total number of rooms :
Total room space in square meter :
Total working area excluding the rooms :

- 22. Whether the institute has Hostel for Girls :
If yes, Total number of rooms :
Total room space in square meter :
Total working area excluding the rooms :
(In square meter)

- 23. Whether the financial status of the institute permit :
to start the new course :
If yes, give the details of budget provisions :

- 24. Whether the institute has common toilet for :
Girls :
Boys :
Staff :

- 25. Others :