



TELANGANA PARAMEDICAL BOARD

#306, Directorate of Medical Education Office Complex, Koti, Hyd-500 095, Phone: 040 -24653519
Website: www.tgpmb.telangana.gov.in email: secy_pmb@telangana.gov.in

APPLICATION FOR ADMISSION TO PARAMEDICAL COURSES FOR THE ACADEMIC YEAR 2024-25

(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 _____

(for the admission 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)

5. MOTHER TONGUE

6. PLACE OF BIRTH

7. RESERVATION CLAIMED

(Please enclose certificate
issued by the Competent Authority)

8. NAME OF THE DISTRICT

9. EDUCATIONAL QUALIFICATION:

(Please enclose copy of relevant certificate of
qualifying examination)

10. WHETHER PASSED

11. TOTAL MARKS SECURED

Age	Date	Month	Year

Village	Mandal	District

SC	ST	BC	OC

LOCAL	NON-LOCAL

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

Maximum Marks	Marks Obtained	Percentage

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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 :