



ANDHRA PRADESH PARAMEDICAL BOARD

Directorate of Medical Education, A.P.,
Old Government General Hospital, Hanumanpeta, Vijayawada -520 003,
Phone: 0866 - 2974042. email: secyappmb@gmail.com
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APPLICATION FOR ADMISSION TO PARAMEDICAL COURSES IN THE RECOGNIZED PRIVATE PARAMEDICAL INSTITUTIONS FOR THE ACADEMIC YEAR 2021-2022

(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



Candidates shall submit the applications to the DM & HO of the district concerned if is in Recognised Private Paramedical Institution which are having Govt.orders

COURSE APPLIED FOR _____ Code Number

Government Quota

Management Quota

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 ON 1.6.2016)

As entered in SSC Examination
(Copy to be enclosed)

Age	Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. (a) AADHAR CARD NUMBER

5. MOTHER TONGUE

6. PLACE OF BIRTH

Village	Mandal	District
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. RESERVATION CLAIMED

(Please enclose certificate
issued by the Competent Authority)

SC	ST	BC ABCDE	OC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. NAME OF THE DISTRICT :

LOCAL	NON LOCAL
<input type="checkbox"/>	<input type="checkbox"/>

9. EDUCATIONAL QUALIFICATION :

(Please enclose copy of relevant certificate of
qualifying examination)

INTERMEDIATE WITH BI.P.C GROUP / MPC / OTHER GROUP

10. WHETHER PASSED

If in single attempt: Division : I/II/III	Compartmental
<input type="checkbox"/>	<input type="checkbox"/>

11. TOTAL MARKS SECURED

Maximum Marks	Marks Obtained	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.	Class in which studied during the year (If not during the year (if not studied in any year, state so, and specify the reason in the remarks column)	Academic Year	Name and place of the Institutions in which studied and the district in which Institution is situated	Remarks
1.	IV Class			
2.	V Class			
3.	VI Class			
4.	VII Class			
5.	VIII Class			
6.	IX Class			
7.	X Class			
8.	Intermediate			

Note: For claiming local candidature four consecutive academic years out of seven years of study is mandatory.

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.

I will not indulge in any ragging activities during my study period, failing which I am liable for punishment as per Anti Ragging Act.

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, admission is liable to cancellation without any notice.

SIGNATURE OF FATHER / GUARDIAN

ADDRESS FOR COMMUNICATION WITH MOBILE PHONE NUMBER:

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 :