

**APPLICATION FORM FOR STUDY CENTER AFFILIATION FOR PARA MEDICAL COURSES**



**INSTITUTE OF MEDICAL AND PARAMEDICAL SCIENCE**

Run by K B Memorial Foundation, Registrar Society Act XXI of 1860 Govt of Assam.

Rangirkhari, Netaji Pally, Silchar, Cachar, Assam-788005

**To,  
The Director,  
Institute of Medical and Paramedical Science, Silchar.**

**Subject: Application for affiliation with your Council 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

Seal

Of Applicant

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**

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

Photo  
(Attested)

\_\_\_\_\_

\_\_\_\_\_

• 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 equipment's, Model and Charts etc.
- 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/o .....  
R/o ..... ,have gone through all rules and regulation of prospectus of **Institute of Medical and Paramedical Science.**
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 Governing Committee.
4. My Institute and I will not disobey; if we do so then Body will have right to cancel our affiliation.
5. My Institute and I have been told that all legal matters will be solved in Silchar court only.
6. My Institute and I have been told that all fees are non-refundable & non-adjustable.
7. Affiliation one time fees Rs:- 10,000/- ( Ten Thousand Rupees Only) in the Name of INSTITUTE OF MEDICAL AND PARAMEDICAL SCIENCE,
8. **BANK DETAILS:-**  
STATE BANK OF INDIA  
A/C NO :- 41498851437  
IFSC CODE:- SBIN0005922  
NEW SILCHAR BRANCH

Signature

President / Secretary of society