द्वारा स्पीड पोस्ट/ई–मेल

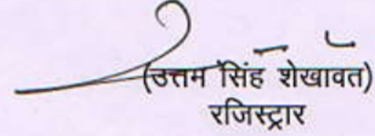
राजस्थान पैरामेडिकल कौंसिल, जयपुर

प्लाट नं. 6, एवरेस्ट कॉलोनी, एपेक्स मॉल के पास, लाल कोठी, जयपुर।
Website : rajasthanparamedicalcouncil.org, Contact : 0141-2973804, 2988946

क्रमांक:पैरामेडि.कौं/मान्यता/2020/ 53 दिनांक 18/09/2020

–:: संशोधित आदेश ::–

राजस्थान पैरामेडिकल कौंसिल, जयपुर द्वारा मान्यता शुल्क जमा करवाये जाने के क्रम के जारी आदेश क्रमांक 54 दिनांक 17.09.2020 में पैरामेडिकल पाठ्यक्रमों के संचालन हेतु मान्यता प्राप्त महाविद्यालयों/संस्थाओं द्वारा नियमानुसार प्रतिवर्ष RS. 25000/– मान्यता शुल्क देय है अंकित हो गया था, के स्थान पर पैरामेडिकल पाठ्यक्रमों के संचालन हेतु मान्यता प्राप्त महाविद्यालयों/संस्थाओं द्वारा नियमानुसार प्रतिवर्ष प्रति पाठ्यक्रम RS. 25000/– मान्यता शुल्क देय है, पढा जावे। शेष यथावत रहेगा।



(उत्तम सिंह शेखावत)
रजिस्ट्रार

क्रमांक:पैरामेडि.कौं/मान्यता/2020/ 53 दिनांक 18/09/2020

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है:–

1. विशिष्ठ सहायक, माननीय मंत्री, चिकित्सा एवं स्वास्थ्य विभाग, जयपुर।
2. विशिष्ठ सहायक, माननीय राज्य मंत्री, चिकित्सा एवं स्वास्थ्य विभाग, जयपुर।
3. प्रमुख शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग, जयपुर।
4. उप शासन सचिव, चिकित्सा एवं शिक्षा (ग्रुप–3) विभाग, जयपुर।
5. अध्यक्ष महोदय, राजस्थान पैरामेडिकल कौंसिल, जयपुर।
6. निजी सहायक, रजिस्ट्रार, राजस्थान पैरामेडिकल कौंसिल, जयपुर।
7. राजस्थान पैरामेडिकल कौंसिल से मान्यता प्राप्त समस्त पैरामेडिकल कॉलेजो/संस्थानों को भेजकर लेख है कि पत्र के साथ संलग्न प्रपत्र भी मान्यता शुल्क के साथ संलग्न कर भिजवावें।
8. प्रभारी सर्वर रूम को भेजकर लेख है कि उक्त आदेश आज ही वेबसाईट पर अलपोड करें।
9. रक्षित पत्रावली।

रजिस्ट्रार

To

The Registrar
Rajasthan Para medical council
Jaipur, Rajasthan

Subject:- Self declaration about infrastructure & facilities in the institution.

Reference:- Your letter number..............Dated.............................

In reference to the above cited letter, hereby submit and declare as under :-

1. Date of the application
2. Name of the Institution
3. Name of the Chairperson/Secretary
4. Name of the society/Trust/Company
5. Complete address where para medical course will run.
6. Name of the Principal/Dean/HOD with qualification
7. Name of the course undertaken and allowed annual admission.

S. No.	Name of the Course	Number of Seats

8. Other courses running in the same premises.
9. Physical Facilities are available as per norms (please sign in Yes or No column only) :-

S.No.	Description	Area	Yes	No
1	Principal Office (1)			
2	Office Facilities			
3	Number of Class Rooms (2)			
4	Number of Labs (1)			
5	Library (1)			
6	Common facilities			
7	Transportation Facilities	Sufficient number of vehicles required as per sanctioned seats.		
8	Boys and Girls Hostel	Desirable		
9	Sports Facilities	Desirable		

10. Library Facilities are available as per norms (mention Yes or No).
11. Clinical Facilities are available as per norms (please sign in Yes or No column only) :-

S. No.	Particulars		
1.	Name of Own Hospital/Lab.		
2.	Proof of the Hospital/Lab being Own Hospital/Lab.		
3.	Beds distribution.		
4.	Pollution Control Board Certificate.		
5.	Clinical Establishment Registration.		
6.	Distance of institute from Hospital/Lab. in K.M.		
7.	Course-wise clinical facilities		
	Name of Course	Details of clinical facilities available.	facilities are as per Norms – Yes/No

12. Teaching Facilities available:-

S. No.	Name of the faculty	Qualification	Teaching Experience	Date of Joining	Part time/Full time

Teaching facilities is as per Norms

Yes	No

13. Required Equipments as per norms are available – Yes/No (List to be enclosed.)
14. Video-graphy of required infrastructure facility to be enclosed (No. of CD enclosed - ………..)
15. Any other information

Date :
Place :

Signature and Name
of Principal

DECLARATION

I... S/o .... having present residential address .... am the principal of college (with address) .... hereby declare that the statement and declaration furnished by the institution, whose principal I am, are true to the best of my knowledge and belief and that I am free from the disqualification mentioned in the Rajasthan Para-medical Council Act, 2008, rules and regulations. I promise in the event of being granted extension of recognition and in consideration thereof to be bound by and to confirm in all respects to the rules, regulation etc. framed by Council from time to time in force.

Place :
Date :

Seal & Signature of Principal

Note:-

1. **Please attach Xerox-copy of photo id.**
2. **It is compulsory to give the declaration on Non-Judicial Stamp paper of 100/- Rupees.**

Details of Teaching Faculties Available

Sr. No.	Name of Faculty with Designation	Qualifications	Date of Joining	Teaching Experience	Aadhar No.	Mobile No.	Email id.	Complete Residential Address