**APPLICATION FORM**

**(For obtaining A certificate of good standing from Paramedical Council of India)**

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| **NAME MIDDLE NAME SURNAME** |
| **FATHER NAME** |
| **Present address with pin code:-** |
| **Basic Qualification Name of the university Year of Passing as mentioned in the**  **Registration certificate****Add. Qualification Name of the university Year of Passing as mentioned in the**  **Registration certificate** |
| **Date of birth Date Month Year** |
| **Registration No:- Date:-** |
| **Place at which he had worked****During the last five year****With full details(Please use separate sheet, if the space is Not sufficient)** |
| **Name and full address of two****Doctor who personally know the****Applicant to whom a reference can be made** |

**Dates, the Signature of the candidate in full**

**Dated, the (**Secretary**)**

 **Para Medical Council of India**

 **DEC LARATION FOR APPLICANTE**

**FOR ISSUE OF GOOD STANDING CERTIFICATE PARA MEDICAL COUNCIL OF INDIA**

**DECLARE that I hold current Registration with the Para Medical Council of India under No………………………………date……………………………..**

**I further declare that no disciplinary proceedings had ever been taken against me or in progress till date for violation of paramedical ethics in professional respect.**

**The particulars furnished in the prescribed from of application for issue of good standing certificate are true to the of my knowledge and belief.**

**Date: Signature of the declaring in full**

**Address:**

**Telephone No/Mobile No:**

**Email I.D:**

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| **For Office Use Only**1. **Whether the Applicant is the subject of any pending or open complaint or change?**

 **Y/N**1. **Whether the Applicant has been found guilty of any current or open unprofessional conduct or discipline?**

 **Y/N**1. **Whether the Applicant has been found guilty of any criminal Act which may be relevant to a Licensing Decision?**

 **Y/N**1. **Registration number and other particulars verified and found in order**
2. **Whether Applicant has updated his registration Y/N**

**Signature of concerned staff** |