

TOP PRIORITY



**ADMISSIONS TO GOVT.
PARAMEDICAL INSTITUTIONS**

TELANGANA STATE PARAMEDICAL BOARD

#306, Directorate of Medical Education Office Complex, Koti, Hyd-500 095,

Phone: 040 -24653519, 040-24653518

Website: www.tspmb.telangana.gov.in email: secretarytspmb@gmail.com

Notification No.48/TSPMB/Admissions/A Y 2019-2020, dt. 14-09-2019.

It is Notified that the applications from the eligible candidates belonging to the Telangana State **who have passed Intermediate with Bi.P.C group** are invited for admissions into all two-year duration Para Medical Diploma Courses for the Academic Year 2019-2020 in the State of Telangana. If candidates with Bi.P.C group are not available, candidates with Intermediate M.P.C group and thereafter other groups will preferred.

Schedule:

1.	Date of issue of Notification	14-09-2019
2.	The last date for submission of filled in application forms	23-09-2019
3.	Completion of counseling process & selection of candidates	30-09-2019
4.	Last date for submission of Selection Lists to TSPMB	17-10-2019
5.	Commencement of classes by the Institutions	09-10-2019

2. **Rule of reservation** shall be strictly followed while making selections. If qualified candidates are not available in the category for Scheduled Tribes, the seats reserved for them shall be made available to Scheduled castes and vice-versa. If qualified candidates belonging to Scheduled Castes are not available, the left-over seats reserved for them shall be treated as open competition seats and shall be filled up with the candidates of general pool.

Note: a) Diploma in Radio Therapy Technician Course i.e., DRTT shall be filled with the candidates who have Intermediate with Bi.P.C/M.P.C Group only.

b) It is notified that the two-year diploma courses will be with the pattern of consolidated examination in the end of Academic AY 2019-20.

c) It is notified that the medium of instruction is English for all the courses.

3. Out of the seats available for admission, 15% for SC, 6% for ST, 25% for BC's, and for special categories (i.e. 3% horizontal reservation for Physically Handicapped in each category (OC,BC,SC,ST) for Visually handicapped/Hearing Impaired/Orthopedically Handicapped (each 1%); 1% for NCC candidates; 2% for the children of Ex-Servicemen; 1/2% (half percent) for Sports and Games candidates are reserved. 85% of the seats are reserved in favour of local candidates. The SC/ST/BC candidates should furnish the prescribed community certificate signed by the competent authority not below the rank of M.R.O.

4. **The reservations meant for local candidates** shall be followed as prescribed in the Andhra Pradesh Educations Institutions (Regulations of Admissions) Order, 1974, as amended from time to time. The candidates should be the Indian Nationals and the minimum age shall be sixteen (16) years. Migration Certificates of the students admitted from other than Telangana State should be obtained otherwise their applications shall not be entertained and accepted by the Selection Committee.

5. The Tuition fee per month per student is Rs.500/- (Rupees Five Hundred only) along with other special fees as prescribed in GO Ms.No.281, HM&FW (K2) Dated 13-10-2010 or as may be enhanced by the Government from time to time.

6. **The medium of instruction in all paramedical courses is English only.** The duration of all Para Medical Diploma Courses is two years. The minimum educational qualification required for admissions into all Para Medical Diploma Courses is Pass in Intermediate with Bi.P.C group / if Candidates with Bi.P.C group are not available / candidates with Intermediate M.P.C group / and thereafter other groups will be preferred **except for the course of DRTT for which Bi.P.C/M.P.C group is compulsory.**

7. The Principal concerned of the Government Para Medical Institution is requested to display the Notification on the Notice Board of his Institution and take necessary steps for successful completion of selections of candidates for **admissions into paramedical Courses of his/her Institution as per Annexure for the A Y 2019-2020.**

8. Minimum 75% attendance is mandatory for all the candidates which they will not be allowed to write the examinations. No condonation of shortage of attendance will be allowed.

9. The Principal concerned of the Government Para Medical Institution is authorized to collect a sum of Rupees One Hundred only in cash for each filled-in application submitted by the candidate towards processing fee to meet the incidental expenditure.

N.B. The prescribed Application Form and other details of the said courses are also available in the website of the Telangana State Para Medical Board **www.tspmb.telangana.gov.in**

To

The Principal, Govt. Para Medical Institute, Osmania Medical College, Hyderabad.
The Principal, Govt. Para Medical Institute, Gandhi Medical College, Secunderabad.
The Principal, Govt. Para Medical Institute, Kakatiya Medical College, Warangal.
The Director, MNJ Institute of Oncology, Hyderabad.
The Director, IPM & FL, Narayanaguda, Hyderabad.
The Medical Superintendent, SD Eye Hospital & RI of Ophthalmology, Hyderabad.
Copy for information to the :
Commissioner of Social Welfare/ Tribal Welfare/ B.C Welfare, Masab Tank, Hyd.
All the Members of the Telangana State Para Medical Board, Hyderabad.
PS to Prl. Secy. to Govt. HM&FW Dept., Hyd with a request to place it before the
Prl. Secy. to Govt.

Seyf
T. Gopal Reddy
Secretary

Course Code	Abbreviation	Name of the Diploma Course with two years duration with medium of instruction English only	Eligibility for admission as per Lr.No.4566/F1/2019 HMFV (J2) Dept. dated 13-09-2019
01	DMLT	Diploma in Medical Lab Technician	<p>Pass in Intermediate with Bi.PC Group /</p> <p>if candidates with Bi.PC Group are not available/</p> <p>candidates with intermediate of MPC group /</p> <p>and thereafter other groups may be given preference except for the course of DRTT for which BiPC/MPC group only is eligible</p>
02	DOM	Diploma in Optometry Technician	
05	DOA	Diploma in Ophthalmic Assistant	
07	DRTT	Diploma in Radiotherapy Technician	
08	DPERFU	Diploma in Perfusion Technician	
09	DDIALY	Diploma in Dialysis	
10	DMIT	Diploma in Medical Imaging Technician	
11	DREST	Diploma in Respiratory Therapy Technician	
12	DMS&OTT	Diploma in Medical Sterilization Management & Operation Theatre Technician	
18	DANS	Diploma in Anesthesia Technician	
19	DCLT	Diploma in Cathlab Technician	
20	DRGA	Diploma in Radiographic Assistant	
21	DDRA	Diploma in Dark Room Assistant	
22	DECG	Diploma in ECG Technician	
23	DCARDIO	Diploma in Cardiology Technician	

::3::

ANNEXURE to Notification No.48/TSPMB/Admissions/AY 2019-20, dt.14-09-2019


T. Gopal Reddy
Secretary



TELANGANA STATE PARAMEDICAL BOARD

#306, Directorate of Medical Education Office Complex, Koti, Hyd-500 095, Phone: 040 -24653519, 040-24653518
Website: www.tspmb.telangana.gov.in email: secretarytspmb@gmail.com

APPLICATION FOR ADMISSION TO PARAMEDICAL COURSES FOR THE ACADEMIC YEAR 2019-20

(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 _____

(if it is in Recognized private para medical institution, submit the application to the DMHO of the district concerned)
(if it is 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)

Age

Date

Month

Year

5. MOTHER TONGUE

:

6. PLACE OF BIRTH

:

Village

Mandal

District

7. RESERVATION CLAIMED

(Please enclose certificate
issued by the Competent Authority)

:

SC

ST

BC

OC

8. NAME OF THE DISTRICT

:

LOCAL

NON-LOCAL

9. EDUCATIONAL QUALIFICATION :

(Please enclose copy of relevant certificate of
qualifying examination)

INTERMEDIATE OR ITS EQUIVALENT.

10. WHETHER PASSED

:

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

Compartmental

Maximum Marks

Marks Obtained

Percentage

11. TOTAL MARKS SECURED

:

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 :



TELANGANA STATE PARAMEDICAL BOARD

#306, Directorate of Medical Education Office Complex, Koti, Hyd-500 095, Phone: 040 -24653519, 040-24653518
Website: www.tspmb.telangana.gov.in email: secretarytspmb@gmail.com

APPLICATION FOR ADMISSION TO PARAMEDICAL COURSES FOR THE ACADEMIC YEAR 2019-20

(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 _____

(if it is in Recognized private para medical institution, submit the application to the DMHO of the district concerned)
(if it is 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)

Age

Date

Month

Year

5. MOTHER TONGUE

:

6. PLACE OF BIRTH

:

Village

Mandal

District

7. RESERVATION CLAIMED

(Please enclose certificate
issued by the Competent Authority)

:

SC

ST

BC

OC

8. NAME OF THE DISTRICT

:

LOCAL

NON-LOCAL

9. EDUCATIONAL QUALIFICATION :

(Please enclose copy of relevant certificate of
qualifying examination)

INTERMEDIATE OR ITS EQUIVALENT.

10. WHETHER PASSED

:

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

Compartmental

Maximum Marks

Marks Obtained

Percentage

11. TOTAL MARKS SECURED

:

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 :



TELANGANA STATE PARAMEDICAL BOARD

#306, Directorate of Medical Education Office Complex, Koti, Hyd-500 095,

Phone: 040 -24653519, 040-24653518

Website: www.tspmb.telangana.gov.in email: secretarytspmb@gmail.com

Notification No.101/TSPMB/Admissions/A Y 2019-20 dt.14-09-2019

INSTRUCTIONS TO THE STUDENTS

Read the instructions carefully before filling the application

- A. Filled-in application forms should reach the Principals concerned on or before 5.00 P.M. on 23-09-2019
- B. Application shall be filled with his / her own handwriting in English by the candidate.
- C. Application with incomplete or incorrect or false information or false / incorrect certificate will be rejected automatically without any intimation.
- D. Candidates shall not be permitted to change their social status or local candidature etc., after submission of application form.
- E. Applications unaccompanied with the required certificates or applications with incomplete entries and ineligible applications will be rejected automatically.
- F. The candidate has to pay the fee in full for the entire period of the course in-case he/she discontinue the studies in the middle and to take back the original certificates submitted at the time of admissions.

DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION FORM:

- 1) Date of Birth certificate (SSC or its equivalent pass certificate).
- 2) Memo of the marks and pass certificate of the qualifying examination. (INTERMEDIATE or its equivalent pass certificate) including transfer certificate issued by the Institute from which the candidate has passed the qualified examination.
- 3) Certificate of study from 6th class to Intermediate.
- 4) If the Applicant belongs to SC / ST / BC, a Copy of Caste Certificate issued by the competent authority as proof of their claims for reservation.
- 5) Copy of Aadhar Card.
- 6) The filled in application form along with a sum of Rupees One Hundred only in cash towards processing fee shall be submitted to the concerned on or before **23-09-2019 by 5.00 P.M.**


T. Gopal Reddy
Secretary

Government Para Medical Institutions (i.e Government Medical Colleges)

Sl.No	Name of College	No. Insts	DMLT	DOM	DOA	DAM	DRTT	DPERFUSION	DIALYSIS	DMIT	DREST	DMST	DANS	DCLT	DRGA	DBRA	DECG	DCARDIO	DMPHA	Emergency Paramedic Technician	Microsurgery Technician	Hearing Language & Speech therapy	Hospital Food Service Management	Total
1	Kakatiya Medical College, Warangal.	1	60		20	10			10		30	30	40		6	6	8	6		30		10		266
2	Osmania Medical College, Hyd & Govt. Genl. & Chest Hospital, Hyderabad	1	60		20			10	20	40	30	30	60	6	6	6	10	10		30	5			343
3	Govt. ENT Hospital, Hyderabad	1				20																20		40
4	Govt. Genl. & Chest Hospital, Hyderabad	1									60													60
5	Osmania University College for Women	1	20																					20
6	Gandhi Medical College, secunderabad.	1	60		20	10		10		20	30	30	60	6	6	6	10	10		30	5	10		323
7	IPM & Food Labs, Narayanguda, Hyd	1	40																					40
8	MINJ Institute of Oncology and RCC, Hyd.	1	35				30			35		30	60		20				10				10	240
9	SD Eye Hospital, Hyd.	1		30	30																			60
10	Govt. Medical College, Mahabubnagar	1	30																					30
11	Govt. Medical College, Nizamabad	1	30																					30
12	Govt. Medical College, Siddipet	1	20																					20
TOTAL		9	355	30	90	40	30	20	30	95	150	120	220	12	38	18	38	26	10	90	10	40	10	1472

for
Secretary
 Telangana State Para Medical Bq
 HYDERABAD