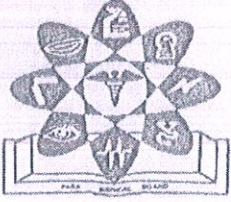


GOVERNMENT OF KARNATAKA
DIRECTORATE OF MEDICAL EDUCATION
PARA MEDICAL BOARD



PMB/45/16-17

Office of the Chairman, Para Medical Board
"Lakshmi Complex", 1st Floor
Opp. Vani Vilas Hospital, Fort, Bangalore-560 002
Ph. : 91-80-2670 2159, 080-2670 5773
Fax : 080-2670 5410
Member Secretary Telefax : 080-2670 3922
E-mail : paramedicalboard97@gmail.com
website : www.pmbkarnatak.org

Date: 10/01/2016

OFFICIAL MEMORANDUM

Renewal Affiliation Certificate will be issued only if the Institute submits its Faculty list, Statistics of the Hospital & admission statistics of previous year at the earliest in the given format.

If fail to submit Affiliation Certificate will not be issued.


Member Secretary
Member Secretary
Para Medical Board
Bangalore.

To,
The Principal,
All Private Institute,
Affiliated to Para Medical Board.

***Note:**

Those whom already issued affiliation certificate required to submit the details, If fail to submit admission will not be approved.

Annexure I

Name of the Institute:									
Address									
S:									
Phone No:									
Mob No:									
Email ID:									
Course:									
SI No	Name of the Teaching Faculty	Qualification with KMC No or Reg No	Designation	Teaching Subject	Date of Entry in to Service	Photo Passport Size	Mobile No	Email Id	

* Note: 1. Qualification Must include Specialization (ie.: MD in Microbiology, M.Sc in Microbiology)
 2. Enclose All Certificates with this Self Attested and Attested by Chairman


Member Secretary
para Medical Board
Baranagar

Annexure II

Name of the Institute & Place				Name of the Hospitals & Address		1. 2. 3.		
Course:	No of Sanctioned Beds	No of Inpatients	No of Outpatients	Lab Statistics	No of Operations	No of Dialysis	No PHC'c Attached	No of Field visits

Signature
Principal

Signature
Head of the Hospitals