

Government Of Jammu And Kashmir

# J&K State Nursing & Paramedical Council

Government Medical College Jammu / Srinagar

Sub :- Registration in respect of Paramedical Candidate(s) qualified from recognised Institutions / Colleges outside the Jammu and Kashmir State.

## NOTIFICATION

NO :- 04- SPMC of 2019

Dated :- 02-05 2019

In continuation to this office Notification Number :- 33-SPMC of 2018, Dated :- 01-10-2018, J&K State Paramedical / Nursing Council in its extra ordinary meeting held on 28-03-2019, and in super-session of powers laid down in J&K State Paramedical / Nursing Council Act under section- 11 and Section 38 (sub-section – 2) of J&K State Paramedical and Nursng Council Act(s). It is hereby impressed upon all qualified Para-Medical degree / diploma holder candidates who have been declared qualified from registered/ approved Paramedical Institution(s) outside the State of Jammu & Kashmir that they shall get themselves registered with J&K State Para-Medical Council / Nursing Council as per norms.

All the qualified Para-Medical degree / diploma holders who had been declared qualified from the recognised Institute(s) outside the state of Jammu and Kashmir shall get the Registration forms from both the office(s) of the undersigned (Jammu / Srinagar) as the case may be, from 01.06.2019. The Forms shall be accompanied by Registration fee of Rs.700/- and Verification Fee of Rs- 500/- (If applicable) in shape of Bank slip along with the following documents to be submitted in the respective Council Offices of J&K State Para-Medical Council / Nursing Council GMC Jammu / Srinagar as the case may be.

It is further notified that only candidates qualified from recognised Institutes from State Councils/State Medical Faculty/State Government/UGC Recognised Universities shall apply.

### Documents to be submitted for Registration.

1. Registration Form duly Filled and signed by the applicant.
2. Respective State Councils Registration Certificate or any other Registration Certificate authenticating that the Institute is recognised with the respective State or any other competent authority.
3. Bank Slip of Rs- 700 and Rs- 500(if applicable) in the name of President / Vice-President the Case may be.
4. Matriculation /D.O.B , 10+2 ) Certificates, (Self Attested Copies)
5. State Subject (Self Attested )
6. All Marks Certificates , Diploma / Degree Certificates of Course qualified are mandatory(Self Attested)
7. Provisional Certificate from the Institution / College / School where from the Degree / Diploma obtained.
8. Copy of the retirement Certificate (for those applicants retired from the Government Services)
9. Adhaar Card(Self attested).
10. File Cover with tag.
11. 04 Passport Size Photographs

*Kashmir*  
President (Principal/ Dean) 15/19  
J&K State Para-Medical / Nursing Council

*Govt* Government Medical College

Jammu/ Srinagar

*01/05/19*

No:-SPMC/GMC/SGR/Circular/ 3896-3901

Date:- 02 / 05 /2019

Copy to:-

1. Principal / Secretary to Government Health and Medical Education Dept. J&K Jammu for inf.
2. (Principal / Dean)Vice President J&K State Para-Medical Council GMC Jammu for information. She will ensure that the above Circular / Notification is widely circulated in Jammu Province also.
3. Registrar J&K State Para-Medical Council GMC Jammu for information to ensure that the above Circular / Notification is widely circulated in Jammu and Kashmir State also.
4. Joint Director Information with the request to publish the Circular in two leading news-papers of Jammu as well as Kashmir province for wide publication of this circular.
5. Website/Notice Board for information of all the concerned.
6. Office for records & reference.



# **JAMMU & KASHMIR STATE PARAMEDICAL COUNCIL**

APPLICATION FOR ISSUE OF REGISTRATION CERTIFICATE  
NOTE: - WRITE IN BLOCK LETTERS

## **REGISTRATION FORM FOR THE CANDIDATES QUALIFIED FROM OUTSIDE THE STATE OF JAMMU AND KASHMIR**

LABORATORY TECHNICIAN  DENTAL ASSISTANT  X-RAY TECHN.  ECG TECHN.

ISM PHARMACIST  OPTH ASSISTANT  OT-TECHN.

ANESTHESIA ASSISTANT  SANITARY INSPECTOR  ANY OTHER (SPECIFY) .....

Applicant Signature

### **PERSONAL DETAILS**

1 Name (In Capital Letters).....

2 Father's Name .....

3 Mother's Name .....

4 Husband's Name.....

5 Gender  Female  Male 6 Marital Status  Single  Married

7 Date of Birth ..... 8 Nationality .....

9 E-mail Id..... 10. Mobile.....

11 Adhaar-Card No. .....

12 Present Address .....

.....

13 Permanent Address .....

.....

14 General Qualification 10<sup>th</sup>  12<sup>th</sup>

15 Name & Address of the Institution where Paramedical Education was obtained.

.....

16 Name of the Course .....

17 Date of Joining of the course ..... Date of Completion of the course .....

18 Name & Address of the Examining Body .....

19 Type of Registration required

First Registration

Renewal of Registration

20 Name of the Paramedical Registration Council with which registered already, (If Any).....

I hereby undertake that the information furnished by me herein above are true and correct to the best of my knowledge and belief and nothing has been concealed or suppressed herein. In case my information as given above found incorrect, false or misleading at any time. I shall be held responsible for the same and the authorities shall have right to take any action against me under law.

Place :-

Yours Faithfully

Date :-

Encls:-

Signature of the Applicant

### **DOCUMENTS TO BE ATTACHED**

1. Registration Certificate from the Council / Board / University.
2. NOC From State Council / State Medical Faculty/University
3. 10<sup>TH</sup> / 12<sup>th</sup> Class Marks Card and Degree Certificate.
4. Paramedical Provisional Certificate / Marks Card / Diploma / Degree Certificate.
5. State Subject
6. Aadhar Card Certificate
7. Affidavit ( attested from First Class Magistrate)
8. Passport Size Photograph (4 No's)
9. Self-attested documents.
10. File Cover With Tag

### **Paying Slips**

President / Vice-President J&K State Paramedical Council – Rs. 500 as Verification Fee(If Applicable)  
President / Vice – President J&K State Paramedical Council – Rs. 700 as Registration Fee

### **FOR OFFICE USE ONLY**

\* Application Checked by .....

\* Registration fee paid Vide receipt No. .... Date ...../...../.....

\* Registration Number Allotted .....

\* Date ..... Place .....

Registrar  
J&K State Paramedical Council  
Government Medical College  
Srinagar / Jammu.

**VERIFICATION CERTIFICATE**  
**To be Issued by the Head of the Institution**

**TO WHOM IT MAY CONCERN**

**Name of the Institute.....**

**Name of the Candidate: - .....**

**Father's Name .....**

**Date of Birth:.....**

**It is certified that above mentioned Student has appeared in  
..... Course, Final Year Examination**

**conducted by.....**

**held in ..... The Marks Card has been  
issued in his / her favour vide serial number ..... Bearing  
roll no ..... He / She has successfully completed the  
training course and has been issued Diploma Certificate bearing Serial  
Number .....**

**No :.....**

**Date : ...../...../.....**

**Seal and Signature of  
Verifying Authority**