Government Medical College, Vizianagaram

Paramedical Courses Draft Notification No.01/2024

Sub: APPMB – Academic Calendar – Admissions into Various Para medical Diploma Training Courses at Government Medical College ,Vizianagaram for the Academic year 2024-2025 –Notification - Regarding.

Ref: 1. Notification Rc.No.03/APSAHPC/AY 2024-2025, dated:18-07-2024 of the Secretary, APPMB., AP, Vijayawada .

- 2. Extension Notification Rc.No.03/APSAHPC/AY 2024-2025, dated:13-09-2024 of the Secretary, APPMB., AP, Vijayawada
- 3. Temporary Permission for Establishment of New Diploma Allied and Health Care Courses to GMC, Vzm Proc.Rc.No.7086/Diploma/2024 Dated .15-10-2024 of the DME, AP, Vijayawada ,

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Applications are invited from eligible candidates for admission into the following medical courses Government Medical College vizianagaram from 23-10-2024 to 29-10-2024

S. No	Name of the Course	Number of Seats
1	Diploma in Medical Lab Technician Course	30 Seats
2	Diploma in Medical Imaging Technician Course	20 Seats
3	Diploma in Ophthalmic Assistant Course	10 Seats
4	Diploma in Anesthesia Technician Course	10 Seats
5	Diploma in Medical Sterilization Management &	20 Seats
	Operation Theatre Technician Course	

1.Application:

The Prescribed application form along can be downloaded in the following website: www.apsahpc.co.in/ www.vizianagaram.ap.gov.in and filled applications have to be submitted at Government Medical College , Vizianagaram along with Rs.100/- (Rupees one hundred only) in cash during the Office working hours (10.30AM to 5.00 PM)

2. Educational Qualification:

Candidates who have passed Intermediate with Bi.P.C Group are eligible for these two years Allied and Health Care Diploma Courses (If Candidates with Bi.P.C group are not available Intermediate M.P.C .groups will be preferred and thereafter Other groups will be preferred as per G.O.Ms.No.65 Dated.15-05-2013)

3.Schedule:

1	Date of Issue of Notification	23 -10-2024
2	Date of availability of Application forms in website	23-10-2024
3	Last Date for submission of filled in application forms to the	29-10-2024
	Principal ,Government Medical College Vizianagaram	
4	Completion of Counseling Process and allotment of candidates	04-11-2024

	to the institutes by the Principal ,GMC,VZM	
5	Last date for submission of Selected List approved by the Committee of Selected Candidates who joined in the Government Medical Colleges (Allied and Healthcare Institutions)Should be sent to the APSAHP Council	08-11-2024
8	Commencement of Classes by the Institutions	15-11-2024

4. Local Candidature:

The Local Candidature of the Applicants against the Erstwhile District of (Vizianagaram) to respective Medical College as a Local District is considered. Seats will be allotted to Local and Non-Local in the Ratio of 85:15. The Counseling Shall be conducted by the Selection Committee Constituted by the Additional DME / Principal Government Medical College , Vizianagaram .

Selection Process:

Selection Committee Shall verify the Seats Sanctioned and Approve the Selection List . The Committee Shall make Selections in Purely On Merit Basis upon Aggregate marks obtained by the candidates in relevant group subjects excluding the marks in the Languages. In deciding Such Merit, Candidates who pass under Compartmental System will be placed after candidates who pass under Regular System.

6. Rule of Reservation:

Rule of Reservation shall be strictly followed while making selection. 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.

Out of the seats available for admission ,15% for SC ,6% for ST, 29% for BC's and for special categories i.e for Physically Handicapped , NCC Candidates, for the children of Ex-Servicemen ,for Sports category strictly following the ROR as per rules 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.

7. The reservations meant for Local Candidates shall be followed as the prescribed in the Andhra Pradesh Educations institutions (Regulations of Admissions) orders ,1974 ,as amended from time to time . The Candidates Should be the Indian National and the minimum age shall be Sixteen (16) Years .Migration Certificates of the Students

admitted from other than State of Andhra Pradesh Should be Obtained otherwise their applications shall not be entertained and accepted by the Selection Committee.

8. **Fees Structure**:

The Tuition fee per Student is Rs.6000/-per Annum (Rupees Six Thousand only) along with other Special Fees Rs. 1500/- as Prescribed in the Go.Ms.No.159 HM&FW(K2) Dept .Dt.23-12-2020 or as may be revised by Government From time to time .

- 9. The medium of instruction in all Allied and Healthcare courses is English Only. The candidates should have to write their examinations strictly in English Only. It is also Notified that Year Wise examinations will be held at the end of two academic years i.e., 2024-2026.
- 10. Minimum 75% attendance is mandatory for all candidates falling which they will not be allowed to write the examinations. **No Condonation** will be allowed
- 11. The Principal concerned is authorized to collect a sum of Rs.100/- (Rupees One Hundred only) in cash for each filled in application submitted by the candidate towards processing fee to meet the incidental expenditure.
- 12. The selected candidates shall pay Council fee of Rs. 200/- (Cash Deposit) Account No.014211010000021 in favour of Secretary ,AP State Allied HealthCare Professions Councils ,Vijayawada (A.P.S.A.H.P) through Principals of the colleges and also submit the list of candidates admitted in their colleges, with signatures of the selection Committee of the Concerned Government Medical College within the Stipulated Time .

Read the instructions carefully befor filling the application

- A. Filled-in applicatiom forms should reach the Government Medical College, Vizianagaram on or before 05.00 pm on 29.10.2024.
- B. Application shall be filled with his/her own handwriting in English by the Candidates.
- C. Candidates shall not be permitted to change their social status or local candidature etc., after submission of application form.
- D. Application without required candidates and incomplete entries will be rejected automatically without any information.
- E. The candidates has to pay the fee in full for the entire period of the course incase if the student desires to discontinue the studies 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.Copy of Aadhar card
- 3. Memo of the marks and pass certificate of the qualifying examination.(Intermediate or its equivalent pass certyificate) including transfer certificate issued by the institute from which the candidate has passed the qualified examination.
- 4. Certificate of study fron 6th class to Intermediate.
- 5. If the applicant belongs to SC/ST/BC, a copy of caste certificate issued by the competent authority as proof of their claim for reservation.
- 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 Government Medical College, Vizianagaram on or before 05.00 pm on 29.10.2024.

SD/- Principal (Chairman &Convener) Government Medical College Vizianagaram



ANNEXURE - I Notification No.03/APSAHPC/Admissions/ AY 2024-25,dt.18.07.2024)

s NO	Course Code Number	Abbreviation of the Course	Name of the Diploma Course with two years duration with medium of instruction as English only	Eligibility for Admission
1	0001	DMLT	Diploma in Medical Lab Technology	
2	0002	DMIT	Diploma in Medical Imaging Technology	
3	0003	DOA	Diploma in Ophthalmic Assistant Course	As per G.O.Ms
4	0004	DDIALY	Diploma in Dialysis Technology	No.65, HMFW
5	0005	DREST	Diploma in Respiratory Therapy	(J2) Dept., 15.05.2013
6	0006	DMST	Diploma in Medical Sterilization Management & Operation Theatre Technology	Pass in Intermedi ate with Bi.PC
7	0007	DPERFU	Diploma in Perfusion Technology	(If candidates
8	0008	DOM	Diploma in Optometric Technician Course	with Bi.PC Group are
9	0009	DRTT	Diploma in Radio Therapy Technology	not
10	0010	DRGA	Diploma in Radiographic Assistant Course	avialble candidates with
11	0011	DDRA	Diploma in Dark Room Assistant Course	MPC Group
12	0012	DCARDIO	Diploma in Cardiology Technician Course	Thereafte other groups
13	0013	DCLT	Diploma in Cath lab Technology	may be
14	0014	DECG	Diploma in ECG Technician Course	given Preferenc
15	0015	DANS	Diploma in Anesthesia Technician Course	a a
16 0016 DMPHA (M)		A STATE OF THE STA	Diploma in Multipurpose Health Assistant (Male) Course	

I/C Secretary

AP State Allied and Healthcare
Professions Council
Vijayawada.
SECRETARY

A.P STATE ALLIED AND HEALTHCARE
PROFESSIONS COUNCIL
Government of Andhra Pradesh
Vijayawada

ANDHRA PRADESH STATE ALLIED AND HEALTHCARE PROFESSIONS **COUNCIL: VIJAYAWADA**

Directorate of Medical Education, A.P.,
Old Government General Hospital, Hanumanpeta, Vijayawada -520 003.
Phone: 0866 - 2974042. email: secretary2022@gmail.com

website: appmb.co.in / apsahpc.co.in APPLICATION FOR ADMISSION TO ALLIED HEALTHCARE TWO YEAR PARAMEDICAL DIPLOMA COURSES IN THE RECOGNIZED PRIVATE PARAMEDICAL INSTITUTIONS FOR THE ACADEMIC YEAR 2024-2025

(TO BE FILLED IN DUPLICATE BY THE CANDIDATE WITH HIS/HER OWN HANDWRITING)

MARK TICK IN APPROPRIATE SPACE

OSAD THE INSTRUCTIONS ATTACHED HEREIN CAREFULLY BEFORE FILLING THE APPLICATION

OURSE APPLIED FOR _				Code Number	
Sovernment Quota			Managemen	at Quota	
Application No.	District		Re	gistration No.	
100			-		Affix Recent
FULL NAME (In Block letters as in	e Female				Photo graph Signed by
SSC / Equivalent Exam Certificate)	9	Laure Provide			the Applicant
. NAME OF THE FATHER,		1000		1 1 1 2	
Or GUARDIAN	:				_
. NAME OF THE MOTHE	R :	and or a			*
4. AGE & DATE OF BIRTH (Age on 1.6.2023)		Age	Date	Month	Year
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As entered in SSC Examination	on				
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As entered in SSC Examination (Copy to be enclosed)					
As entered in SSC Examination (Copy to be enclosed)					
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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	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 studied	Remarks
1	IV CLASS	1		
2	V CLASS		1 NG 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1421
3	VI CLASS			
4	VII CLASS			
5	VIII CLASS			
6	IX CLASS			
7	X CLASS			
8	Intermediate		this production wears out of seven	.0

Note: For claiming local candidature four consecutive academic years out of seven years of study is mandatory.

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.

I will not indulge in any ragging activities during my study period, failing which I am liable for punishment as per Anti Ragging Act.

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, admission is liable to cancellation without any notice.

SIGNATURE OF FATHER / GUARDIAN

ADDRESS FOR COMMUNICATION WITH MOBILE PHONE NUMBER:	
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Note: No application will be deemed complete unless this declaration guardian.	n is signed by the candidate and parent /
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FOR OFFICE USE ONLY

Remarks

Checked by: