



NEW DELHI

PARAMEDICAL AND ALLIED HEALTH COUNCIL

1892, J.J. COLONY, PHASE NO-3 MADANPUR, KHADER, NEW DELHI -110076

E-mail: info@pmahcouncil.edu.in

{Regd. with NITI Aayog (DL/2019/0245435) & NCT Govt. of India, New Delhi (4759)}



NITI Aayog

Ref No.....

Date:.....

FOR INSTITUTION ACCREDITATION

APPLICATION FORM No.- 1

1. Name of the Institution-----

2. Courses to be Affiliate (Mention Serial No. Only) -----

3. Year Applied For -----
4. Address of the Institution- -----

5. Name of Contact Person -----
6. Qualification-----
7. Designation -----
8. Contact Number-----
9. E-mail:-----
10. Authorised Signatory with Seal-----

ZONAL OFFICE ADDRESS (ADMN.)

THE ZONAL HEAD

(CHHATTISGARH, MADHYA PRADESH, ODISHA, BIHAR, JHARKHAND, WEST BENGAL)

RING ROAD NO.- 1, NEW CHANGORABHATA, WARD NO.- 67, RAIPUR, CHHATTISGARH, 492013; E-mail:pmahc.cg.2022@gmail.com; Mob. +91-9522256790

Courses Offered By “Paramedical & Allied Health Council”

S.NO.	NAME OF THE COURSES	ELIGIBILITY	DURATION	YES/NO
1	CMS & ED (Diploma in Community Medical Service & Essential Drugs)	10 th /12 th	18 Months	
2	Certificate in PANCHKARMA	10 th /12 th	1 Year	
3	Certificate in OPERATION THEATRE	10 th /12 th	1 Year	
4	Certificate in MEDICAL LABORATORY TECHNOLOGY	10 th /12 th	1 Year	
5	Certificate in VISION TECHNICIAN	10 th /12 th	1 Year	
6	Certificate in EMERGENCY MEDICAL TECHNICIAN	10 th /12 th	1 Year	
7	Certificate in GENERAL DUTY ASSISTANT	10 th /12 th	1 Year	
8	Certificate in ANESTHESIA ASSISTANT	10 th /12 th	1 Year	
9	Certificate in PHYSIOTHERAPY	10 th /12 th	1 Year	
10	Certificate in CARDIC CARE	10 th /12 th	1 Year	
11	Certificate in DIALYSIS	10 th /12 th	1 Year	
12	Certificate in PLASTER TECHNICIAN	10 th /12 th	1 Year	
13	Certificate in MEDICAL DRESSER	10 th /12 th	1 Year	
14	Certificate in MEDICAL CRITICAL CARE	10 th /12 th	1 Year	
15	PG Diploma in HISTOPATHOLOGY	BSC MLT/ BSC MICROBIOLOGY	1 Year	
16	PG Diploma in CYTOLOGY	BSC MLT/ BSC MICROBIOLOGY	1 Year	
17	PG Diploma in HEMATOLOGY	BSC MLT/ BSC MICROBIOLOGY	1 Year	

Note- Admission Enrollment & Examination Fees to Be Paid Separately by the Student.

Date:-----

Applicant Authorised Signatory

Place:-----

(With Seal)