



COUNCIL OF CENTRAL PARAMEDICAL FACULTY

APPLICATION FORM

Course Applied For :

Specialization : 1.

2. (Optional)

Personal Details

Full Name :
(In Capital Letters)

Date of Birth : - - Gender : M F

Father's Name :

Mother's Name :

Address :
(for Correspondence)

Permanent Address-

Country :

Tel Nos. (R) : - -
Country Code City Code

(O) : - -
Country Code City Code

(M) :

Email Id :

Academic Details:

| Degree/Diploma | Name of the Institution/College/School | Year of Passing | Subjects/Specialization | Grades/Percentage |
|----------------|--|-----------------|-------------------------|-------------------|
| | | | | |

Declaration

I _____ son/daughter/wife of _____ hereby declare that all the information provided by me to the Institute is true and correct to the best of my knowledge. I have understood the terms and conditions and will abide by the rules and regulations of Royal Institute of Management Studies.

Date :

Place : Signature of the Applicant

FOR OFFICE USE ONLY

Check List

- | | | | |
|--------------------------|------------------------------------|-------------------------|---------|
| <input type="checkbox"/> | Course Applied | Training Center Name | : |
| <input type="checkbox"/> | Eligibility Certificate | Training Center Address | : |
| <input type="checkbox"/> | Experience certificate if required | Course Name/Sector | : |
| <input type="checkbox"/> | 2 Latest Passport Size Photographs | Batch Start Date | : |
| | | Batch End Date | : |
| | | Assessment Date | : |

Checked by : Registration No.

Remarks :

Accepted by

DECLARATION

Course Name :.....

NAME :

FATHER NAME :

PHONE NO:..... EMAIL:

ADDRESS:

.....

1. I declare that I am not convicted under any section of Drug & Cosmetic Act 1940 And not in tend to violate Said act in future I have submitted required eligibility documents and experience certificate to Institute.
2. I declare I am not doctor do not prefix this in front of my name I declare that I would not vio-late any Act of Indian system of medicine or Indian Medical council Act 1956 or Indian Medical Degree Act 1916 or modern system of medicine or clinical establishment Act or similar Act of any system of medicine I know my institute Central Paramedical Faculty New Delhi run by SHET New Delhi never promised me or endorse me or give me assurance to make me eligible for any kind of prescriber in any system of medicine through this qualification.
3. I declare if I indulged in quackery I would be wholly solely responsible and not my institute Council Of Central Paramedical Faculty New Delhi run by SHET New Delhi or its Director or staff etc or its any Trust concern Shre Hanuman Educational Trust New Delhi. I know very well Institute or society or federation never promised me any kind of job or evaluation entrepreneurship or registration in me of the state of any kind in present or future.
4. I have joined and completed course..... to get knowledge and to increase my passion for knowledge as per my Fundamental rights to have education and not for earning livelihood through quackery in any form. I declare I have read rules and regulations declarations websites of Central Paramedical Faculty New Delhi run by SHET New Delhi and would not violate it in any form.
5. I would not posses PROFESS sale prescribe experiment any narcotics or any modern system drug in crude or crushed form or in any form of dosages or profess its practice in day to day ailments of human beings or animals. I very well know my Institute never endorse quackery in any system of medicine. I have read understood HONOURABLE Supreme court judgment of Subhasis Bakshi & Ors vs West Bengal Medical Council & Ors on 14 February, 2003 Appeal (civil) 152 of 1994 AND WOULD ABIDE BY IT AND NEVER VIOLATE IT I know my institute never claim to be parallel body to any regulatory Authority or Statuary council by any means and I too should obey all ethics of philanthropic Education and my Educator never promised for evaluation or registration anywhere in World
6. I have read above statements in my full senses.
7. I declare that if I violated any annexure form declaration or rules regulations of institute/federation sister concern I would be responsible and can be sued under various sections of IPC by my institute for defamation

DEPONENT SIGN

Working Professional

(Already Employed)

Declaration

(on 50 rupees non judicial stamp attested by notary)

My Name is

My Father name is

My Address is

My Mobile is

My Aadhar card number is.....

I declare that:

1. I am never convicted in any legal case
2. I declare that No court case is pending against me
3. I declare that No FIR is ever registered against me in any part of India
4. I declare I would not indulge in QUACKERY misrepresentation forging documents concealing essential info indulging in any illegal activity
5. I declare i would not indulge in quackery of any kind in any system of medicine.
6. I declare that I have read understood in my regional language in full senses and scrutinized my course in present date and future very well all declarations Annexure forms Indian regulatory Bodies statutory bodies websites brochure related to my course rules Regulations of My Institute/Trust/NGO/ and I have signed myself on all documents. I declare my Institute/ Trust/NGO sister never claimed to be parallel body to any NGO/GOV/department/statuary council. I know more passionate hunger of mine for technical know how is main driving force course joining. I declare its upon discretion of authorities employer/embassies/ evaluator agencies to award me anything, but my institute never claimed verbally or none verbally latter endorsement in any form.
7. I know it's my duty to abide by all kind of declarations and work as per Govt. rules and regulations subject to states laws subject to super specialist supervision
8. I declare that I have worked under qualified Regd Qualified registration is subject to state laws.
9. I declare that I would not violate Indian medical degree act Indian medical council act or ayush/naturopathy acts/drug and cosmetics act in my life and not prefix doctor in front of my name. I know UAM MSME filing and Regn. There under free of cost and have not paid single penny to anyone for that. I have studied and understood all judgments in relation to my field in good faith and never violate ethics of primary health care/first aid volunteer activist as per who ALMA ATTA declarations and national international policies in force time to time subject to laws as per super specialist supervision. I declare I have myself signed over my documents declarations and rules regulations
10. I declare in case I violated any clause/rules regulations/annexure forms/declarations I would be wholly solely responsible.
11. I declare that I would volunteer my knowledge skills for betterment of humanity serving it and flora fauna in case of emergency natural calamities accidents without searing reward in return any form as I have philanthropic zeal.
12. That I know believe and promise that I will not claim for any appointment or job after completion of the Course/Training as I know well, that the Course is completely for a health worker for making people health aware and help to maintain primary health care programme of the country.
13. Finally I solemnly declare that I will not misuse any way the motto of the training and in any manner at the time of dealing, counseling and providing primary health care to the people.

Deponent Sign.

I know each and every statement is verified and best to my knowledge

Deponent Sign.

TO WHOM IT MAY CONCERN

Course Name:.....

Institute Name:.....

I have read and understand the rules, regulation and directives of above mention details. I promise to obey and abided by all of them at the time of training and after completion of the train / course i.e at the time of offering service to the people

I further declare the following:

1. That I know well that the course which I have enrolled myself is a certificate/Degree program of primary health worker under the guideline of WHO.
2. That I know believe and promise that I will not claim for any appointment or hob after completion of the course/ training as I know well, that the course is completely for a health care programme of the country.
3. That I promise not to introduce and call myself a Doctor and / Or put the sigh or word to denote DR. (Doctor) before my name to misguide people if I do so for my any such wrongful act CMSED and /or other authority involved in this training will not be liable at all in any manner.
4. That I promise to pay the admission fee Tuition fee and examination fee etc prevailing or as modified from time to time as course / Training fee payable by me as prescribed by CMSED branch.
5. That I also declare that if any problem / dispute arise in connection with this training will be solved at the Institute/ Branch level. The Institute/Centre will be the highest authority for solving any sort of disputes and I agree to obey and abide by the decision and rulings of the centre of CMSED as Final.
6. Final-I solemnly declare that I will not misuse any way the motto of the training and in any manner at the dealing, Counseling and providing primary health care to the people.
7. I have read the prospectus and understood the rules and regulation of the organization regarding the CM courses.
8. I will follow the same rules & regulation and others as and when changed by the organization.

I remain, Your faithfully

Signature of the Student

Cancellation of Admission & Refund Policy:

Fee once paid not refundable or adjustable under any circumstance in future.

Your admission will be cancelled:

- a) If the admission form is incomplete
- b) If the fee paid is short
- c) If the supporting documents are not complete
- d) If false documents have been submitted
- e) If required educational qualification are not fulfilled
- f) If incorrect/wrong information is given

I have read and understood the rules and regulation

Place:

Date :

Signature of the Applicant

UNDERTAKING
TO WHOM IT MAY CONCERN

Course Name:.....

Institute Name:.....

I have read and understood the Rules, Regulations and Directives of Central Paramedical Faculty New Delhi run by SHET and I promise to obey and abided by all of them at the time of training and completion of the training i.e. at the time of offering service to the people.

I further declare the following:

1. That I know well that the Course for which I have enrolled myself is a Certificate Course of primary health worker under the guideline of WHO.
2. That I know, believe and promise that I will not claim for any appointment or job after completion of the Course/Training as I know well, that the Course is completely for a health worker for making people health aware and help to maintain primary health care programme of the country.
3. That I promise not to introduce and call myself a Doctor and/or put the sign or word to denote Dr. (Doctor) before my name to misguide people. If I do so for my any such wrongful act Central Paramedical Faculty New Delhi run by SHET and/or other authority involved in this training will not be liable at all in any manner.
4. That I Promise to pay the admission fee, tuition fee and examination fee etc. prevailing or as modified from time to time as course/training fee payable by me as prescribed by Central Paramedical Faculty New Delhi run by SHET local Committee.
5. That I also declare that if any problem/dispute arises in connection with this training will be solved at the centre/organizer level. The Organizer/Centre will be the highest authority for solving any sort of disputes and I agree to obey and abide by the decision and rulings of the Centre of Central Paramedical Faculty New Delhi run by SHET as final.
6. Finally I solemnly declare that I will not misuse any way the motto of the training and in any manner at the time of dealing, counseling and providing primary health care to the people.
7. I have read the prospectus and understood the rules and regulation of the organization regarding the CMS & ED courses and I will follow the same rules & regulation and other as and when changed by the organization.

I remain, yours faithfully

Signature of the Student.

ENROLLMENT No.

Center No.

Dated: