

GUIDELINES FOR TRAINING CENTER

1. Any Institute willing to collaborate will have to submit an application on the prescribed form along with the payment of Rs. 1000/- (Form fees) in cash or Draft favouring "**UP STATE PARAMEDICAL COUNCIL**"
2. Complete application form submitted to the **UP STATE PARAMEDICAL COUNCIL** will be processed by the UPSPC only if it is found Suitable.
3. An inspection team will visit to verify the infrastructure and other facilities available with the institute and submit its report to the secretary "**UP STATE PARAMEDICAL COUNCIL**"
4. Honourable Secretary may approve / disapprove the proposal and report.
5. Approved training center will have to sign an agreement with the "**UP STATE PARAMEDICAL COUNCIL**" in which the Terms and conditions will be settled between them.
6. Examination eligibility & Enrollment form will be submitted separately along with the required fee (presently it is Rs. 500/- per candidate per examination per year) Minimum Registration Fee of 1500/- will be charged separately according to the sanctioned seats and it may vary as per the duration of the course.
7. It should be very clearly noted that any types of fees / charges once paid, is neither refundable nor adjustable in any circumstances. The Training center will have to strictly follow the rules and regulations of "**UP STATE PARAMEDICAL COUNCIL**"
8. if any legal dispute happens jurisdiction for legal proceedings will be district court of Lucknow only.

Inspection fees	25000/- Cash, Online or Draft
Affiliation fees for any 5 courses:	50000/- Cash, Online or Draft
Affiliation Renewal Fees per year :	15000/- Cash, Online or Draft

DOCUMENTS FOR AFFILIATION : (Please Mark)

1. Trust & NGO Details.
2. Society Registration copy.
3. Trust Pan Card.
4. Account Details of Society Person.
5. Stamp of 100 Rs.
6. Hospital Association letter.
7. Faculty Academic Qualification Details.
8. Aadhar Card & Pan Card of owner.
9. Rent agreement of Institute on rent otherwise Deed of institute.
10. Affiliation form filled by Owner & 11 Photos of Training Centre.
11. Any other (Specify)

Date : / /

Place :

Signature

Head Of The Institute



UP STATE PARAMEDICAL COUNCIL

An autonomous Organization registered under Section- 64 (A) Indian Trust Act 1882
Government of India Registration No.346.
An ISO 2009:2015 Certified Organization

+91 9897139591

support@upstateparamedicalcouncil.in

upstateparamedicalcouncil.in

Affiliation Form

1.Center Information

A. Institute / Center Name																															
B. Postal Address Of The Institute																															
C. Mobile Number.											D. E-Mail																				

2.Center Director Information

A. Name																															
B. Qualification																															
C. Aadhar Number											D. Pan Number																				
E. Mobile Number											F. E-Mail																				
G. Postal Address Of The Director																															

3. Name of the Courses for which the approval is requested and number of seats applied for

Sr.No.	Name Of The Trade	Number of Seats

4.Information About Faculty

Sr.No.	Name	Qualification	Designation	Teaching Experience	Full / Part Time
1					
2					
3					
4					
5					

5. Infrastructure Details

Type of Building Commercial/Residential Building	
Center Size (in Sq. Ft.)	
Number of Classroom in the Center With AC/Without AC	
Number of Nursing Labs in the Center	
Overhead Projectors in Classroom	
Staff Room	
Availability of CCTV Cameras	
Availability of Pantry, Lifts and Parking Facility	
Availability of Placement/Entrepreneurship Cell	
Availability of Washroom for Male & Female	
Availability of Clean Drinking Water	
Availability of Safety Tools 1. First Aid Kit 2. Fire Fighting Equipment	
Availability of Internet Connectivity	
Availability of Library Facility	
Availability of Computer Lab	
Other Remarks (If Any)	

6. Tools And Equipment

Name	Quantity
Thermometer	02
Cotton Swabs	as
Sphygmomanometer	required
Stethoscope	07
Dressing sets containing Bowl (small)	03
NP	04
Artery forceps	04
Gloves	as required
Pairs Cotton	as required
Gauze, Hydrogen Peroxide	as required
Betadine Solutions	as required
Sterile Pads, Plaster	as required
Glucometer	07
Small Sterile Needles	as required
Cautery Machine- bipolar	as required
Oxygen Cylinder (with trolley and accessories)	as required
to be count.....	to be count.....

Big Steel Basin	02-nos
Hand Towel	05-nos
Machintosh, Bath Towel	01-nos
Powder	as required
Bone curretor	as required
Regulator	as required
Face mask	as required
Theater Dress	as required
Theater Hardware	05-nos
Gown	05-nos
Cotton or Gauze (sterile)	05-nos
Mercurochrome	as required
Tincture iodine	01 nos
Savlon	as required
Cetavion	as required
Hydrogen Peroxide	as required
Normal Saline	as required
Adhesive tapes	as required
Bandages	as required
Binders	as required
Silk suture thread	as required
Forceps (different types)	as required
Needle	as required
Syringe	as required
Scissor (surgical)	as required
Spinal needle	10 nos
Ryles tube	05 nos
Stretcher with stand	02 nos
Light source	01 nos
Recording System	01 nos
Neuri microscope	01 nos
Laparoscopic instuments	01 nos
Opthal Microscope	01 nos
Ortho Torniquet	01 nos
Pulse lavage	01 nos
Suture material	as required
Anaesthesia drugs	as required
O.T. Trollys	as required

DECLARATION

Note:-I here by declare that the details furnished above are true and correct as per my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be held liable for it and I will follow Rules and Regulation of UP STATE PARAMEDICAL COUNCIL.

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

**Signature
Head of the Institute
with seal**