



INDIAN PARAMEDICAL ASSOCIATION

Preform a for submission of information for Membership of the Association

1. Name of the Universities/Institution:

Mailing Address with Pin code: _____

2. Year of Establishment: _____

3. i) Type of university/Institute

Central University/ Institute of National Importance/ Deemed University/State
University/Private

[Please enclose copy of Act of Parliament/ State Legislature/Notification]

ii) University is included under Section 2(f) of the UGC Act, 1956 Yes/No

iii) University is recognized under Section 12(B) of the UGC Act, 1956 Yes/No

iv) University is recognized under Section 3 of the UGC Act, 1956 Yes/No

v) Society/Trust/Section 8 Company Documentation Yes/No

4. Name of the Vice Chancellor/Director/Trustee/Authorized Person

: _____

Date of Appointment _____ Date of Completion of present term _____

Address _____

_____ (pin code) _____

Telephone No. _____ (Off) _____ (Res) _____ (Mob)

Fax: _____ E-mail: _____ Website: _____

5. Name of the Registrar: _____

Date of Appointment _____ Date of Completion of present term _____

Address _____
 _____ (pin code) _____

Telephone No. _____ (Off) _____ (Res) _____ (Mob)

Fax: _____ E-mail: _____ Website: _____

6. Mode of appointment of Vice Chancellor:

a) Selection criteria: i) Through Search Committee ii) Advertisement-cum-Interview iii) Direct

b) Maximum age for appointment as Vice

Chancellor/Registrar/Secretary: _____

c) Term of Appointment: _____ years

d) Number of terms allowed: _____

7. Institute is

a) Public Funded Yes/No
 If Self Financed, Source of income

b) Self Financed Yes/No

8. Academic Programmes

UG/PG Programme	Yr. of Commencement	Diploma/Certificate Programme	Yr. of Commencement	Research Programmes	Yr. of Commencement

9. Mode of Admission

UG/PG

Diploma/Certificate

Research

a) Merit of qualifying Examination

b) Entrance Test

Yes/No

If yes conducted by

i) Own Institute

ii) The Central Government

iii) The State Government

iv) Any Other

c) Combination of both

Yes/No

10. Mode of Teaching

Semester

Annual

- a) UG/PG
- b) Diploma/Certificate
- c) Research

11. Residential Facilities for Staff.

- a) Teaching Staff Yes/No
- b) Non-teaching Staff Yes/No

12. Number of Hostels Boys Girls

- a) Total Capacity

13. Facilities available to students

- a) Canteen/Playground/Indoor Games/Swimming Pools/Health Club/ Recreation Facilities/Others

14. Facilities for Youth affairs/cultural activities-Auditorium/Instruments required for cultural activities

- 15. Details of participation in Cultural/Sports activities- Yes/No
If yes please enclose a list of Prizes of Events (Runner/Winner)

16. Extension programmes in the University

NSS/NCC/Adult Education/Community Service/Rural Development/Community Health Awareness/HIV/AIDS Awareness

17. Strong points of the University/Institution

18. Specific achievements of the University during the last three years

19. Any other relevant information

(If necessary, please attach extra sheets)

**Signature
Stamp**