Brochure
Paramedical Courses
With
Application Form
IMA is conducting Ten Paramedical courses - six Diplomas and four Certificates as follows:

1. Diploma in Medical Laboratory Technology
2. Diploma in X-Ray & Imaging Technology
3. Diploma in O.T. Technician
4. Diploma in Medical Record Technology
5. Diploma in Cardiac Technology
6. Diploma in Dialysis Technician and
7. Certificate Course in Blood Bank
8. Certificate Course in CT
9. Certificate Course in MRI &
10. Certificate in CT-MRI

ALL THE PARAMEDICAL COURSES RUN BY IMA IS RECOGNISED BY GOVT. OF NCT OF DELHI, HEALTH & FAMILY WELFARE DEPARTMENT, NEW DELHI.

A. Eligibility Criteria for Diploma Courses:

1. The institutes may enrol 10+2 passed candidates with science stream (Physics, Chemistry, Biology, Mathematics, Agriculture, etc.) with 40% marks for the IMA Paramedical Courses.

2. If such candidates are not available then the institutes may enrol students from any other stream with minimum of 50% of aggregate marks with an under taking/Affidavit from the students that they are fully aware that the Diploma may not be recognised by some of the State Governments and that they are undergoing the training on their own risk and will. Such an undertaking/Affidavit will have to be submitted to IMA at the time of enrolment of the candidates.

3. For Diploma in Medical Record Technology, the minimum eligibility criteria will be 10+2 from any board with 50% marks in aggregate.

4. Age Criteria: A candidate seeking admission to Diploma in Medical Laboratory Technology (DMLT) course should have 17 years of age, as on 31st, December of the year of admission. The candidate seeking admission in to Diploma courses should
APPLICATION FORMS FOR STARTING PARA MEDICAL COURSES

(ALL THE INSTITUTIONS/HOSPITALS SEEKING PERMISSION TO START
VARIOUS PARA MEDICAL COURSES SHOULD APPLY TO THE
Honorary Secretary General, Indian Medical Association
IN THE PROFORMA PRESCRIBED AS BELOW)

To

Date:

Honorary Secretary General
Indian Medical Association
IMA House, I P Marg
NEW DELHI – 110002

Sir,

Sub: Application for permission to start .................................................................
..................................................................................................................................
..................................................................................................................................
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..................................................................................................................................

Herewith we are submitting our application for permission to start the above Diploma Course(s). Following are the particulars with regard to our Infrastructure, Land, Buildings, Clinical Facilities (Name & address of the Hospital / Nursing Home /Own / Private, if tie up with any hospital(s), MoU/Agreement Paper between the Clinic and the Hospital, List of equipments, List of faculties, List of staff members etc), Financial Position etc.

We request you kindly to arrange for Inspection at your earliest.

Thanking you,

Yours faithfully,
PROFORMA OF APPLICATION FOR RECOGNITION OF INSTITUTION/HOSPITAL FOR CONDUCTING DIPLOMA IN MEDICAL TECHNOLOGY COURSES (REGULAR MODE)

(Diploma in Medical Lab Technology/ O.T. Technician/XRAY-Imaging/Medical Record Technology/Cardiac Technology/Dialysis Technician, Certificate in Blood Bank & Certificate in CT, Certificate in MRI & certificate in CT-MRI)

(Recognized by Govt. of NCT of Delhi, Dept. Of Health & Family Welfare)

1. Name of Hospital/Institution : .................................................................
   (With complete address) ...........................................................................
   .............................................................................................................
   .............................................................................................................
   .............................................................................................................
   .............................................................................................................
   .............................................................................................................

2. Particulars of Director/Medical Superintendent with Name: ..........................
   Qualifications (university & year and experience) ...........................................
   .............................................................................................................

3. Total No. of beds in the Hospital : ............................................................
   Distribution of beds specialty wise & unit wise; if provided)
   i. Medicine and Allied : ...........................................................................
   ii. Obstetrics and Gynaecology : ............................................................... 
   iii. Orthopaedics: ...................................................................................
   iv. Paediatrics : ......................................................................................
   v. Other if any (specify) Surgery and Allied : ............................................
   TOTAL.................................................................................................
A. Clinical material available in the hospital:
Average daily out door attendance:

<table>
<thead>
<tr>
<th>Department</th>
<th>Old case</th>
<th>New case</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine &amp; Allied</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paediatrics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery &amp; Allied</td>
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<td>ENT</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Gynaecology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
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</tbody>
</table>

B. Average No. of admission and discharge in a month department wise:

<table>
<thead>
<tr>
<th>Department</th>
<th>No. of admission</th>
<th>No. of discharge</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine &amp; Allied</td>
<td></td>
<td></td>
<td></td>
</tr>
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<tr>
<td>Grand Total</td>
<td></td>
<td></td>
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</tbody>
</table>

4. Teaching facilities:
   a) Lecture Theatre / Class Room – Numbers & Capacity
   b) Students Reading Room
   c) Library facilities for students
   d) Slide Projector/IOH Projector/LCD Projector and with audio-visual facilities
   e) Computers with CD players

5. Residential Accommodation:

6. A. Proposed fee
   a) Admission Fee : 
   b) Tuitions : 
   c) Securities : 
   d) Hostel : 
   e) Other Charges : 

B. Proposed Stipend :
7. To what extent the criteria laid for Accreditation has been fulfilled:

8. Proposals for improvement if any

9. Any other information:

Signature:

Full Name:................................
Designation:................................
Address:....................................

Dated:

........................................

Note: Application should be accompanied with a DD of Rs. 5000/-per course, in favour of Indian Medical Association payable at NEW DELHI.
have attained 17 years of age as on 31st December of the year of admission but not more than 25 years at the time of admission. Age relaxation of 5 years for SC/ST candidates and 3 years for OBC candidates is admissible.

B. Duration : 2 years.

C. Eligibility Criteria for Certificate course in Blood Bank : DMLT, B.Sc MLT, B.Sc(Micro) and Duration is one year.

D. Eligibility Criteria for Certificate courses in CT, MRI & CT-MRI is two or three years (Degree / diploma) course in Radiography with Internship.

<table>
<thead>
<tr>
<th>Duration</th>
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<tbody>
<tr>
<td>1. Certificate Course in CT</td>
</tr>
<tr>
<td>2. Certificate Course in MRI &amp;</td>
</tr>
<tr>
<td>3. Certificate in CT-MRI</td>
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</table>

At the time of application, Application Processing Fee for accreditation of the institute : Rs.5000/- (applicable on new institute/new course/each course).

Recognition Fee : Rs. 20,000/- for each course up to 10 seats; thereafter Rs. 2000/- per seat.

IMA DOES NOT PROVIDE ANY STUDY MATERIAL OF PARAMEDICAL COURSES.

For paramedical course(s), the following documents are required:
1. List of faculty Members
2. List of Tools and Equipments
3. Building Plan &
4. Income and Expenditure A/c. during last three years.

If you are interested to run the above course(s) through IMA, send the above documents with the Application Form (Enclosed) to Indian Medical Association H.QRs., IMA House, I.P. Marg, New Delhi – 110002 along with a D D of Rs. 5000/- (for each course and non refundable) for Application Processing Fee toward Indian Medical Association payable at New Delhi.

Encl : Application Form
For more information contact

INDIAN MEDICAL ASSOCIATION
HEADQUARTERS I.M.A. HOUSE, INDRAPRASTHA MARG, NEW DELHI-110002

email: paramedicalcoursesima@gmail.com
Phone: +91-11-23370009 (10 lines), 23378680
Mobile : +91 9999116375, 76