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The Principal Secretary to Govt.  
H&FW(K) Dept. TVM

Sir,

Sub: Directorate of Medical Education - Academic –Paramedical Diploma Courses –Procedure for Submitting application for starting Paramedical Institutions/ Diploma courses in Self Financing Sector- Draft Minimum Standard Requirement (MSR), Draft Application form for starting Course, Draft Syllabus for Para Medical Diploma course - Proposal submitted for approval of Government – forwarding-reg

Read: 1. G.O (Rt) No.1598/2008/H&FWD dated, 30.04.2018  
2. G.O (Ms) No.505/2010/H&FWD dated, 28. 07.2010  
3. G.O (Rt) No.2482/2021/H&FWD dated, 10.11.2021  
4. G.O (Ms) No.191/2023/H&FWD dated, 05.08.2023  
5. Government Letter No.K2/253/2023/H&FWD Dated, 16.11.2023  
6. Minutes of the meeting at DME held on 25.11.2023

Inviting attention of the Government in the subject matter and inform the following.

Starting Paramedical Diploma Institutions/ Courses and for Seat enhancement in existing institutions in the state and to ensure the standards of Paramedical Institutions, to maintain the quality of education, transparency in granting permission to start Colleges/ Courses/Seat enhancement under self financing nursing sector and to standardize the procedure, the existing guidelines as per the above GOs will have to be modified.

For ensuring standard and quality of Paramedical courses, the following proposals are submitted for the approval of Government. The submitted Minimum Standard Requirement (MSR) (Annexure-I) and Syllabus for Various Para Medical Diploma courses (Annexure-III) are prepared and vetted by the faculties concerned and the Board of Examiners.

1. Revised schedule for submitting application for starting Paramedical Institutions/ Diploma courses in Self Financing Sector
2. Application form for starting Paramedical Diploma Institute/ Course (Annexure-I)
3. Minimum Standard Requirement (MSR) for each paramedical Diploma Course (Annexure-II)
4. Syllabus for Various Para Medical Diploma courses (Annexure-III)

I request the Government to consider the proposal and issue necessary Orders at the earliest.

Yours faithfully

For Director

**Procedure for submitting application for starting Paramedical Institutions /Diploma courses in Self Financing Sector**

Sub: Directorate of Medical Education - Academic –Paramedical –Procedure for submitting application  
For starting Paramedical Institutions/ Diploma courses in Self Financing Sector- Proposal - reg

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Starting Paramedical Diploma Institutions/ Courses and for Seat enhancement in existing institutions in the state and to ensure the standards of Paramedical Institutions, to maintain the quality of education, transparency in granting permission to start Colleges/ Courses/Seat enhancement under self financing nursing sector and to standardize the procedure, the existing guidelines as per the above GOs will have to be modified.

The following are the paramedical diploma courses(duration in bracket) conducted under Directorate of Medical Education and Directorate of Health Services

**Courses conducted under Directorate of Medical Education**

1. Diploma in Medical Laboratory Technology ( DMLT) (2 year)
2. Diploma in Radiological Technology (DRT) (2 year)
3. Diploma in Radio diagnosis & Radiotherapy Technology (DRRT)(3 year)
4. Diploma in Ophthalmic Assistance (DOA)(2 year including training of 1 year)
5. Diploma in Operation Theatre & Anaesthesia Technology (DOTAT)(2 year + 6 month internship)
6. Diploma in Cardio Vascular Technology (DCVT) (2 year)
7. Diploma in Neuro Technology (DNT)(2 year +6 month internship)
8. Diploma in Dialysis Technology (DDT)(2 year including internship of 1 year)
9. Diploma in Dental Hygienist (DCDH) (2 year)
10. Diploma in Dental Mechanic (DCDM) (2 year)
11. Diploma in Endoscopic Technology (DET)(2 year+6 month internship)
12. Diploma in Dental Operating Room Assistance (DORA)(2 year)
13. Diploma in Respiratory Technology (DR)(2 year)
14. Diploma in Central Sterile Supply Technology (DCSST)(2 year)
15. Diploma in Pharmacy (D-Pharm) (2 year + 3 months practical training)

**Courses conducted under Directorate of Health Services**

1. Diploma in Health Inspector (DHI) (2 year)

The present schedule and procedure for submitting application for starting new Para Medical Institutions/starting new diploma courses / increasing seats of Paramedical Diploma courses in Self Financing Sector is to be revised. The proposed schedule as follows;

**Guidelines to apply for New Paramedical Institutions/course/seat increase**

Only institutions having affiliated hospital facilities within the campus with minimum 100 beds are to allowed to start paramedical diploma courses.

**1) Application form for Letter of Intent (LOI) for starting New Institution / NOC for Starting New Courses and enhancement of seats**

- ❖ Application in the prescribed form is to be addressed to the Secretary to Government, Health & Family Welfare Department, Kerala.
- ❖ The Application should be submitted along with a receipt of application fee remittance in the account of the Health & Family Welfare Department in any treasury.

**2) Time schedule to apply for New Paramedical Institutions/course/seat increase**

Notification for the Application of starting new paramedical Institutions , new Courses, Enhancement of seats	15 <sup>th</sup> April
Last date of submission of Application with (5 copies each)	15 <sup>th</sup> May
<i>(The applicant have to enclose all relevant documents like project proposal, approved plan, No objection certificate from the local authorities (Panchayath/Corporation) etc. The proforma of the application shall contain the details in general to all courses (Proforma-A) and specific details regarding the course concerned (Proforma-B). A copy of minimum standard for starting the particular course also to be attached with the application form.)</i>	
Verification of Application by Government and instruction to be issued for inspection (By DME /DHS)	Between 16 <sup>th</sup> May and 31 <sup>st</sup> May
Inspection report from the District Team/Zonal Team	Between 1 <sup>st</sup> June and 15 <sup>th</sup> August
Submission of Reports to Government	Between 1 <sup>st</sup> August and 15 <sup>th</sup> September
LOI (Letter of Intent)	Between 16 <sup>th</sup> August and 15 <sup>th</sup> October
Construction and infrastructure by institution	(By Next year)
<i>(In case of not completing the construction or arrangements as per the minimum standard, that application need not be considered on the same year but can resubmit the application by remitting 50% of its original application fee. The validity of the NOC is two academic years from the date of issue. After 2 year it may be revalidate with fee of Rs25,000/-).</i>	
Verification of Application for NOC by Government and instruction to be issued for inspection (By DME /DHS)	Between 16 <sup>th</sup> May and 31 <sup>st</sup> May
Inspection report from the District Team/Zonal Team (For NOC)	Between 1 <sup>st</sup> June and 15 <sup>th</sup> August
Submission of Reports to Government	Between 1 <sup>st</sup> August and 15 <sup>th</sup> September
NOC by Government	Between 16 <sup>th</sup> August and 15 <sup>th</sup> October
Inspection by Expert team(Technical team)By Kerala State Allied and Healthcare Council	16 <sup>th</sup> October and 15 <sup>th</sup> January
LOP (Letter of Permission) by Government	16 <sup>th</sup> January and 15 <sup>th</sup> March
Modification of Prospectus. Approval, Printing etc	16 <sup>th</sup> March and 15 <sup>th</sup> May

### 3) Fee

The following shall be the fee for each item:

SL	Item	Amount	Type of fee - Remittance
1	Application fee for starting new Paramedical Institutions	Rs.1,00,000/-	Remittance in any treasury under the Head of Account (0210-03-105-91)
2	Application fee for starting courses / enhancement of seat	**Rs.50,000/-	Remittance in any treasury under the Head of Account (0210-03-105-91)
3	Application fee for Revalidation of NOC	**Rs.25,000/-	
4	Inspection fee (Upto 3 courses)	*Rs.37,500/- + GST	In Government Medical Colleges/Dental Colleges, where the inspection conducted
4	Inspection fee (above 3- per course)	*Rs.15,000/- + GST	
5	Inspection fee for enhancement of seat - upto 3 courses	*Rs.50,000/- + GST	
6	Inspection fee for enhancement of seat- above 3 courses- per course	*Rs.15,000/- + GST	
7	Re-inspection fee in the case of second inspection onwards- per course	*Rs.15,000/ Annexure-I - + GST	

(\* Rate of fees as per G.O (Ms) No.191/2023/H&FWD Dated, 05.08.2023) (\*\* proposed rate)

- ❖ The application shall be submitted to Govt. on or before 15<sup>th</sup> May of the previous academic year for starting a New college /Courses in the next academic year.
- ❖ The applicant should submit an affidavit in stamp paper worth Rs. 200/- agreeing to abide by the guidelines and decisions from time to time, on admission and fee structure prescribed by Government.
- ❖ The bank guarantee for Rs.5 lakhs will be submitted to Government, H&FW Department at the time of application for LOP (Letter of Permission)

#### MSR, Application form, Syllabus

The MSR, Application form and Syllabus of Paramedical Diploma courses are attached along with this proposal as Annexure-I, Annexure-II and Annexure-III respectively for the approval of Government. The MSR and Syllabus are prepared and vetted by the concerned faculties and Board of Examiners. The MSR and Syllabus in respect of D.Pharm is prepared by Pharmacy Council of India (PCI), which is available in PCI web site. Hence it is not included in this proposal. The MSR and Syllabus in respect of Diploma in Dental Hygienist (DCDH), Diploma in Dental Mechanic (DCDM) and Diploma in Dental Operating Room Assistance (DORA) course are prepared as per the norms of Dental Council of India (DCI). The MSR (Minimum Standard Requirement), Application form, Syllabus may be collected from the web site of DME at [www.dme.kerala.gov.in](http://www.dme.kerala.gov.in) or from the Office of DME after approval from Government.

#### Inspection

Application for NOC to start a New college /Courses and for seat enhancement (in the existing colleges) for Paramedical diploma courses will be forwarded to the Joint Director of Medical Education (G) by Government. The concerned faculties (minimum 1 and maximum 3 faculties to be posted for inspection) will conduct inspection and submit the report with specific suggestions/recommendations as to whether NOC can be issued to the institution. The Principals of concerned zones have to post faculties for inspection. The report will be submitted to DME within 2 weeks.

#### Facilities

The Institution should have facilities as per the MSR (Minimum Standard Requirement) approved by Government.

#### **Deficiencies found at the time of inspection**

If the report shows any deficiencies for Starting the college/course/ seat enhancement, Government will direct to communicate the same to the applicant. The applicant should submit a rectification report to DME within one month from the date of receipt of such communications. On receipt of rectification report, the Joint Director of Medical Education will arrange for re-inspection and report compliance to Government with suggestions, within one month from the date of receipt of re-inspection report.

On getting a satisfactory report JDME's recommendation, NOC will be granted to the applicant on or before 31<sup>st</sup> October of previous academic year of starting College /course/ Seat enhancement requested for the academic year. If there is deficiency still existing, such requests will be rejected and intimation will be given to the applicant on, or before 31<sup>st</sup> October of the year in which application is submitted.

#### **Validity of NOC**

The validity of NOC issued is only for two consecutive academic years from the date of issue of NOC for which it is granted.

#### **Revalidation of NOC**

The time schedule for submitting application for revalidation and processing will be same as prescribed for original application. The fee prescribed for revalidation of the course will be 50% of the application fee. In case, the applicant fails to start the course within two years for which NOC is granted, they have to get the NOC revalidated for the year in which they wish to start the course. For the purpose of revalidation of NOC, the applicant should submit application with the prescribed fee for revalidation, in the Head of Account: 0210-03-105-91 maintained by Health & Family Welfare Department as follows:

#### **NOC for Seat Enhancement**

The Principal/Management should apply to Government, by Health & Family Welfare (K) Department for seats enhancement in the existing institution in the prescribed form with the receipt of remittance of prescribed fee for the purpose and along with the copy of NOC and LOP as per time schedule mentioned above. If the application is rejected on the ground of deficiencies in the required facilities, the position will be informed to the applicant and further processing will be made, only after rectification of defects and ensure compliance to the JDME.

#### **Refund of fees**

The fees once paid for starting the college/course and for enhancement of seats will not be refunded on any account.. The applicant has to forfeit the amount in case of non issuance of NOC on the ground of defects in maintaining the facilities.

#### **Approval from Kerala Paramedical Council (Kerala State Allied and Healthcare Council)**

The institution should obtain approval from Kerala Paramedical Council (Kerala State Allied and Healthcare Council) as per their specific guidelines.

#### **Letter of Permission-(LOP)**

The institution should submit separate application for LOP with a copy of NOC along with documents to satisfying conditions specified in the NOC. After conducting Technical inspection, the Institution have facilities as per the existing MSR (Minimum Standard Requirement) will be issued LOP by Government. If the application is rejected on the ground of deficiencies in the required facilities, the position will be informed to the applicant and further processing will be made, only after rectification of defects through a re-inspection.

**Annexure –I**

1. **Application for starting Paramedical Diploma Institute/ Course**
2. Appendix B- Application for starting new course in an affiliated college.
3. Appendix C- Application for Enhancement of seats.
4. Appendix D- Application for Provisional affiliation.
5. Appendix E- Application for Continuation of Affiliation

## Application for starting new college/course

1	Name of the Applicant Postal Address of the applicant Phone No: E-mail ID:	
2	Address proof of the applicant Aadhaar card No./Voter's ID No:/ Pan Card No: /Latest Telephone Bill)	
3	Name of Educational Agency /Department/Authority on whose behalf the application is submitted	
4	Govt./Quasi Govt./Non Govt./Company a. If Govt, Name of Department: b. If Quasi Govt: Name of Department/Authority/ Autonomous Body c. If Non Govt. Name of society/Trust/Company with register number	
5	If Non Govt. a. Clause specifying the objective of running health professional education b. Proof of renewed registration for previous 3 years c. Audit Report of previous 3 years	
6	a. Name of the proposed college b. Name of the proposed course with seats c. Name of the proposed location with certificate from LSG/Revenue officer not below the rank of District Collector d. Environment clearance certificate from pollution control board	
7	Declaration about other colleges running same course within 20 km.	
8	a. Name of attached hospital b. Proof of ownership/valid agreement c. Year of establishment of hospital d. Bed strength as on the day of application e. Number of occupied beds as on previous working day on the calendar f. Name of Depts. functioning all the working days in the departments	
9	a. Declaration that 100% physical infrastructure available b. Declaration that staff and equipments as per university norms available	

10	a. Proposed admission policy  b. Proposed student selection procedure	
11	Details of NOC from Govt.	
12	Previous applications and present status, if any	
13	Fee Details: DD/RTGS Date: Bank: (Name and branch code)/IFSC code, Number of transactions	

**Declaration:**

The details furnished above are true to the best of my knowledge and supported by valid documents. On behalf of the management of the proposed new college (Name of the College if any) we ..... the President of the Educational Agency and President, Board of management of the said college jointly and severally undertake to faithfully abide by the provisions of the University, Statutes, Ordinances and regulations and the directions issued by the University from time to time in so far as they are related to the college.

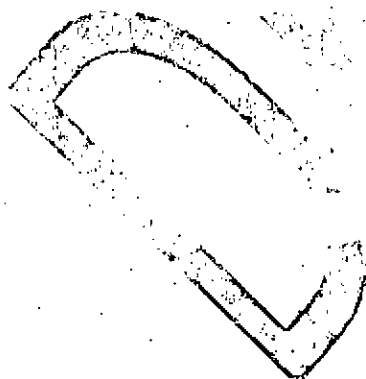
Place

Signature of the Manager

Date

Signature of the Chairman

(Seal)





## Appendix B

### Application for starting new course in an Affiliated college

1	Name of the Applicant Postal Address of the applicant Phone No: E-mail ID:	
2	a. Sanction order of provisional affiliation b. LOP/GOI/statutory body/AC sub committee	
3	a. Proposed course/courses with number of present seats b. Proposed seats	
4	Declaration: a. Requested number of examiners provided to KUHS b. Requested number of faculty provided to valuation camp conducted by KUHS	
5	a. Name of the attached hospital b. Number of occupied beds as on previous working day on the calendar	
6	Annual report of institution of the previous year submitted	
7	Policies and selection procedure adhered for student admission in the previous year	
8	a. Declaration that 100% physical infrastructure available b. Declaration staff and equipment requirements as per university norms available	
9	Name of other courses conducted in the college with year of starting, number of batches passed out and status of recognition by statutory council	
10	Number of students appeared for examination in past 3 years and pass percentage for all existing courses	
11	Previous application numbers and present status if any	
12	Details of fee remittance: DD/RTGS-Date, Bank (Name and branch code)	DRAFT 1

**Declaration:**

The details furnished above are true to the best of my knowledge and supported by valid documents. On behalf of the management of the proposed new college (Name of the College if any) we ..... the President of the Educational Agency and President, Board of management of the said college jointly and severally undertake to faithfully abide by the provisions of the University, Statutes, Ordinances and regulations and the directions issued by the University from time to time in so far as they are related to the college.

Place

Signature of the Principal

Date

Signature of the Manager

Signature of the Chairman

## Appendix C

### Application for Enhancement of seats

1	Name of the Applicant Postal Address of the applicant Phone No: E-mail ID:	
2	c. Sanction order of provisional affiliation d. LOP/GOI/statutory body/AC sub committee	
3	c. Proposed course/courses with number of present seats d. Proposed increase	
4	Declaration: c. Requested number of examiners provided to KUHS d. Requested number of faculty provided to valuation camp conducted by KUHS	
5	c. Name of the attached hospital d. Number of occupied beds as on previous working day on the calendar	
6	Annual report of institution of the previous year submitted	
7	Policies and selection procedure adhere for student admission in the previous year	
8	c. Declaration that 100% physical infrastructure available d. Declaration staff and equipment requirements as per university norms available	
9	a. Year in which 1 <sup>st</sup> batch of students passed out b. Number of batches passed out after starting the course	
10	Number of students appeared for examination in the past 3 years and pass percentage	
11	Previous application numbers and present status if any	
12	Details of fee remittance: DD/RTGS-Date, Bank (Name & Branch code) IFSC code Number of transactions	

Declaration:

The details furnished above are true to the best of my knowledge and supported by valid documents. On behalf of the management of the proposed new college (Name of the College if any) we ..... the President of the Educational Agency and President, Board of management of the said college jointly and severally undertake to faithfully abide by the provisions of the University, Statutes, Ordinances and regulations and the directions issued by the University from time to time in so far as they are related to the college.

Place

Signature of Principal

Date

Signature of the Manager

Signature of the Chairman

(Seal)

## Appendix D

### Application for Provisional Affiliation

1	Name of the Applicant Postal Address of the applicant Phone No: E-mail ID:	
2	Address proof of the applicant Aadhaar card No./Voter's ID No:/ Pan Card No:/Latest Telephone Bill)	
3	Name of Educational Agency /Department/Authority on whose behalf the application is submitted	
4	Govt./Quasi Govt./Non Govt/Company d. If Govt, Name of Department: e. If Quasi Govt: Name of Department/Authority/ Autonomous Body f. If Non Govt. Name of society/Trust/Company with      register number	
5	If Non Govt. d. Clause specifying the objective of running health professional education e. Proof of renewed registration for previous 3 years f. Audit Report of previous 3 years	
6	e. Name of the proposed college f. Name of the proposed course with seats g. Name of the proposed location with certificate from LSG/PCB/Revenue officer not below the rank of Tahasildar	
7	Declaration about other colleges running same course within 20 km.	
8	g. Name of attached hospital h. Proof of ownership/valid agreement i. Year of establishment of hospital j. Bed strength as on the day of application k. Number of occupied beds as on previous working day on the calendar l. Name of Depts. functioning all the working days in the departments	
9	c. Declaration that 100% physical infrastructure available d. Declaration that staff and equipments as per university norms available	
10	c. Proposed admission policy d. Proposed student selection procedure	DRAFT 1

11	Details of NOC from Govt.	
12	Number of seats granted by the concerned statutory Council with copy of letter of permission	
13	Previous applications and present status, if any	
	Fee Details: DD/RTGS Date: Bank: (Name and branch code)/IFSC code, Number of transactions	

**Declaration:**

The details furnished above are true to the best of my knowledge and supported by valid documents. On behalf of the management of the proposed new college (Name of the College if any) we ..... the President of the Educational Agency and President, Board of management of the said college jointly and severally undertake to faithfully abide by the provisions of the University, Statutes, Ordinances and regulations and the directions issued by the University from time to time in so far as they are related to the college.

Place

Signature of the Manager

Date

Signature of the Chairman

(Seal)

## Appendix E

### Application for Continuation of Affiliation

1	Name of applicant: Postal address of the applicant: E-mail ID:	
2	a. Sanction order of provisional affiliation b. LOP of GOI/Statutory body/AC Subcommittee	
3	Details of Course for which continuation of provisional affiliation is sought ** Name of Course: Sanctioned Intake: Duration of Course:	
4	Declaration : a. College provides requested number of examiners for the conduct of University examination. b. College provides requested number of faculties provided for the conduct of University evaluation camps.	
5	a. Name of attached hospital b. Bed strength as on day of application c. Number of occupied beds as on previous working day on the Calendar d. Name of the departments functioning in all the working days in the department	
6	Annual report of Institution of the previous year submitted	
7	Policies and selection procedure adhered in the admission of students	
8	Declaration: a. 100% physical infrastructure available b. Staff and equipment requirements as per the University norms available	
9	Previous application numbers and application status, if any	
10	Details of fee remittance DD/RTGS-Date, Bank (Name of Branch code) IFSC code Number of Transaction	

Declaration:

The details furnished above are true to the best of my knowledge and supported by valid documents. I also hereby undertake to conduct the courses for the ensuing academic year with all facilities to the students as per the rules and regulations of the University, Government and other statutory bodies, failing to which the University may take such action against the college as seems to be necessary including withdrawal of provisional affiliation granted to the college.

Place

Name and Signature of the Principal

Date

Name and Signature of the Manager

Name and Signature of the Chairman

(Seal)

\*\* Course wise application should be submitted.