

Applicant's Name (Block Letter)

## MEDICAL LABORATORY TECHNICIAN'S and PARAMEDICAL ASSOCIATION



Registered Under The Tamil Nadu Societies Registration Act, 1975 (Tamil Nadu Act 27 of 1975) | (Tamil Nadu Govt. Regd. No : 277/2016)

ML PA INSTITUTE OF PARAMEDICAL SCIENCES (FUNCTIONING FOR THE BETTERMENT OF PARAMEDICAL PEOPLE)
(Run By MLTPA)

ISO 9001 - 2015 Certified Organization

## PARAMEDICAL MEMBERSHIP - GOOD STANDING APPLICATION FORM

(FOR OBTAINING A CERTIFICATE OF GOOD STANDING FROM MLTPA)

| **   | , 0             |
|--|-----------------|
| Father's / Husband Name  |                 |
| Date of Birth & Sex  |                 |
| Basic Qualification  |                 |
| Name of the University   | :               |
| Year of Passing  | <b>:</b>        |
| Add. Qualification   | •               |
| Name of the University   | •               |
| Year of Passing  | •               |
| Permanent Address  | •               |
|  | :               |
|  | •               |
| [  |                 |
| Place at Which he had Worl   |                 |
| last Year with full Details  |                 |
| separate sheet, if the space is  | not sufficient) |
|  |                 |
| Name and Full Address of to<br>Personally know the Applica<br>Reference can be i | tion to whom a  |
|  |                 |
|  |                 |
|  | •               |

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## DECLARATION FOR APPLICANT FOR ISSUE OF GOOD STANDING CERTIFICATE MLTPA

| Declare that I hold current Registration with the MLTPA   |             |  |  |
|---|-------------|--|--|
| under ref.no : Date :   |             |  |  |
| I further declare that no disciplinary proceedings had ever been taken against me or in progress till date for violation of paramedical ethics in professional respect. |             |  |  |
| The particulars furnished in the prescribed form of application for issue of good certificate are true to the knowledge and belief.                                     | od standing |  |  |
| Date : Signature of the declaring in full   |             |  |  |
| Contact No :  |             |  |  |
| Email ID :  |             |  |  |
|   |             |  |  |
| For Office Use Only   |             |  |  |
| * Whether the applicant is the subject of any pending or open complaint or change?  | Y/N         |  |  |
| * Whether the Applicant has been found guilty of any current or open unprofessional conduct or discipline?  |             |  |  |
| * Whether the Applicant has been found guilty of any criminal act which may be relevant to a Licensing Decision?  |             |  |  |
| * Registration Number and other particulars verified and found in order Y/N   |             |  |  |
| * Whether Applicant has updated his registration Y/N  |             |  |  |
| Signature of concerned staff Date : State Presi   | dent        |  |  |

## **ADMINISTRATIVE OFFICE**



**Medical Laboratory Technician's and Paramedical Association** 

MTP Road, Opp. N.G.G.O. Colony Gate, K. Vadamadurai Post, Coimbatore – 641 017, Tamil Nadu, India. Cell : +91 99431 56180

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