



**INDIAN MEDICAL ASSOCIATION
TAMILNADU STATE BRANCH**

PARAMEDICAL WING

Dr. B. Sridhar, State President

Dr. M. Thiraviam Mohan, Hony. State Secretary

Dr. D. Solomon Jeya, Hony. State Finance Secretary

Dr. V. Sundaravel, Chairman-Paramedical Wing

Dr. N. Rajkumar, Secretary-Paramedical Wing

Dr. V. Seetharam, Joint Secretary-Paramedical Wing

IMA TNSB Office:

IMA TN State HQs. Building, No.1, Doctor's Colony II Cross
Street, Bharathidasan Nagar Extension,

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PARAMEDICAL COURSES

PROSPECTUS: 2025-26

AIMS AND OBJECTIVE: In view of the increasing demand and acute shortage of the trained Nurses and other Allied Health Science professionals in the Hospitals and their important role in the Hospital establishments held by the IMA Members, it is resolved to organize the following Allied Health Sciences by the Indian Medical Association-Tamilnadu State Branch under Paramedical Wing. There is an elected Chairman, Secretary and a Joint Secretary to administer the Paramedical Wing. **The certificates by the IMA TNSB Paramedical Wing is being accepted by the IMA NHB Hospitals of Tamilnadu, even through the certificates are not approved by the Government or NCI. The candidates will not be able to register in any council or Government job.**

As the qualified Nurses recognized by the NCI often lure to overseas and Government jobs, the private Nursing homes are often handicapped. The IMA recognized Paramedical Professionals will be available for the services in the hospitals held by the IMA members. IMA-TNSB affirm, not to compromise on the quality of training and academic excellence, which will be more of the need-based curriculum. The Hospitals like conduct the Paramedical Courses have been inspected to the required standard set by the Paramedical Wing by the specialist Doctors and ensured necessary facility and faculties are available to train the students. The students passed out under IMA TNSB are at par with any other premier institutions in India.

COURSES UNDERTAKEN

<u>Sl.No.</u>	Courses Offered	Duration
1	Advanced Health Assistant (AHA)	3 Years
2	Diploma in Health Assistant (DHA)	2 years
3	Diploma in OT Technology (DOT)	2 years
4	Diploma in Medical & Laboratory Technology (DMLT)	2 years
5	Diploma in Dialysis Technology (DDT)	2 years
6	Diploma in Radiology Techniques (DRT)	2 years
7	Diploma in Ophthalmic Assistant (DOA)	2 years
8	Diploma in Diagnostic Technology (DDiagT)	2 years
9	Certificate in Medical Record Maintenance Technology (MRMT)	1 year
10	Certificate in Central Sterile Supply (CSST)	1 year

The students completed two years of DHA course is permitted to join second year AHA as lateral entry.

AFFILIATION

PRE REQUISITE FOR APPROVAL:

1. Any IMA TNSB member having Hospital and the members of Nursing Home board of IMA can start the course.
2. Any IMA branch by pooling their clinical resources together and having common academic teaching institution.
3. IMA Paramedical Courses are hospital based, Hospital must have min. 30 beds.
4. The Chairman/Managing Director/ Doctor in-charge of this Institute must be a member of Indian Medical Association.
5. Qualified faculties (Degree level) -BSc Nursing etc. There should be a faculty for each 30 students in each course.
6. Class room (one class room for 30 students)
7. Library
8. Training Aids-Computer, Projector, LCD etc.

ACCREDITATION PROCEDURE:

1. Inspection-Qualified Doctors will be nominated to conduct inspection and submit the report. Based on the inspection report, necessary accreditation procedure initiated.
2. Based on the inspection report, provisional approval will be issued with the eligible seats.
3. MOU will be signed by the Chairman of Paramedical Wing and the Chairman/Managing Director/Training in-charge of the Paramedical Wing at the training centre/Hospital side.
4. Necessary Accreditation Certificate will be issued, which is valid for 3 years. Accreditation should be renewed every after three years before commencing the academic session.

RECOGNITION

The Paramedical Wing will strive hard to maintain the quality by periodic inspection, providing technical and academic input and orientation programmes for teachers and thereby providing opportunity for the future recognition of these courses.

REGULATIONS

ADMISSION CRITERIA:

- ❖ Candidate should have passed 10th Standard for all one and two year courses and +2 for three years course.
- ❖ Admission form of IMA TNSB Paramedical Wing only to be used, duly signed by the concerned.
- ❖ Declaration form is mandatory, to be filled and signed by the student and parent in Tamil.
- ❖ A good quality of Passport size photo is to be pasted on the admission form. Do not staple over the photo.
- ❖ The upper age limit upto 35 Years.

COMMENCEMENT OF THE COURSE: The academic period is between August to June. The course will commence on the 1st working day of August this year.

MEDIUM OF INSTRUCTION: English shall be the medium of Instruction for all the courses run by IMA TNSB.

FEE STRUCTURE:

Registration/Renewal of course	: Rs. 5000 + 18% GST = Rs. 5900/- per course
Onetime payment to issue Accreditation	: Rs. 10000 + 18% GST = Rs. 11800 Per Course. Rs. 15000 + 18% GST = Rs. 17700/- in case of 3 Years Course (in case of breaking the course, it is treated as new)
Student's Admission fee	: Rs. 2000 + 18% GST = Rs.2360/-
Tuition fee for II year & III year each	: Rs. 2000 + 18% GST = Rs.2360/- :
Exam fee	: Rs. 300/- + 18% GST = Rs.354 per paper

PAYMENTS ARE TO BE DONE THROUGH EITHER DD OR ONLINE. OUR ACCOUNT DETAILS:

Name: IMA Paramedical Course, **AC No.** 75260100004698, **Bank:** BOB, **Branch:** Nagercoil, **IFSC:** BARB0NAGCOI (5th character is Zero).

CRITERIA FOR THE EXAMINATION:

- ❖ Every year, the final examination will be conducted in the month of June.
- ❖ Supplementary examination will be conducted between September and December for the absentees/failed.
- ❖ Student should possess 80% of attendance both in Theory & Practical before the examination.
- ❖ Internal assessment 15 marks
- ❖ The final internal assessment should be submitted to the state office on or before 15th May.
- ❖ At the time of Practical examination, the student submit the Practical record book to the examiner.
- ❖ Only 5 attempts are allowed including first attempt.
- ❖ Student shall be declared to have passed the examination only when attaining 35% of marks both in Theory & practical.

IDENTITY CARD: ID cards will be issued by IMA state branch, if lost a penalty of Rs 100 need to pay for replacement.

PRACTICAL RECORD / LOG BOOK: Individual student should maintain practical record Note and Log book issued by IMA state branch.

DRESS CODE: Female Student should wear white Blouse with White Chudidhar/Saree with sleeveless jacket & Male students should wear White Shirt and black pant with jacket, as shown below.

S. No.	Courses	Female/Male-Jacket
1	Diploma in Health Assistant	White
2	Diploma in Medical & Laboratory Technology	Brown
3	Diploma in Operation Theatre Technology	Green
4	Diploma in Ophthalmic Assistant	Blue
5	Diploma in Dialysis Technology	Pink
6	Diploma in Radiology Techniques	Cream
7	Advanced Health Assistant	Purple
8	Diploma in Diagnostic Technology (DDiagT)	Ash
9	Certificate in Medical Record Maintenance Technology (MRMT)	Grey
10	Certificate in Central Sterile Supply Technology (CSST)	Maroon

SCHEME OF EXAMINATION

EXAM:

- 1st Term test : December (by Inst)
- 2nd Term test : April (By inst)
- Model Test : May (by IMA TNSB PMW-Exam held at Inst)
- Final Exam : June (by IMA TNSB PMW)-Exams are held in a common exam centre with external invigilators. Institutions heads are requested to nominate their staff for the invigilation duty to out stations, whenever requested. TA DA will be provided as per IMA TNSB norms.
- Result : Last week of August
- Convocation : 2nd Sunday of October

Question pattern (Written):

PATTERN	MARKS
MULTIPLE CHOICE QUESTION	20
FILL IN THE BLANKS	5
MATCH THE FOLLOWING	5
EXPAND THE ABBREVIATION/ YES OR NO	5
SHORT ANSWERS/ DEFINITION ETC	10
SHORT NOTES	10
ESSAY	30
TOTAL WRITTEN MARK	85
THEORY INTERNAL	15
GRAND TOTAL	100

Grading of Marks:

Distinction	75 % and above
1 st division	70 % to 74 %
2 nd division	65 % to 69 %
Pass	35% & Above

Admission details:

Issue of new accreditations	Till 31 st August
Issue of application forms (Admission)	01 st April to 30 th September
Last date for receiving filled application forms	31 st October
	31 st December
Commencement of Classes	1st working day of August

GENERAL INSTRUCTIONS**GENERAL INSTRUCTIONS:**

1. 80% attendance is a must for appearing for examination.
2. All the students should maintain a log book of their activities, which should be submitted during the final examination.
3. Both academic and Clinical teaching must be as per the guidelines of IMA TNSB Paramedical Wing.
4. The nature and acceptability of courses must be explained and written consent should be obtained from each student.
5. Local Co-Ordinator may arrange the job opportunity to the passed-out students.
6. The courses shall not be conducted with profit motive but for need based and self-reliant manner.

IMA PARAMEDICAL COURSES PASSED OUT CANDIDATES ARE:

- Eligible for appointment in IMA NHB Hospitals and other Private Hospitals.
- Not eligible for appointment in Government Hospitals.
- Not eligible to register in Nursing Council.

COMMUNICATION

Dr. M. Thiraviam Mohan

Hony. State Secretary-IMA TNSB
IMA TN State HQs. Building, No. 1, Doctor's
Colony II cross street, Bharathidasan Nagar
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INDIAN MEDICAL ASSOCIATION

TAMILANDU STATE BRANCH

PARAMEDICAL WING



(Forms to apply for 2 Years Dip. in Health Assistant -DHA/ Dip. in O.T. Technology-DOT / Dip. In Ophthalmic Assistant -DOA/ Dip. in Medical & Lab technician-DMLT / Dip. in Diagnostic Technology DiagT/ Dip. in Radiology Techniques-DRT/ Dip. in Dialysis Technology-DDT/ 3 Years Advanced Health Assistance (AHA)/ 1 year CSST / MRMT.

APPLICATION FORM – PARAMEDICAL COURSES

1. Name of the Course :
2. Name & Address of the Hospital /Institution :
3. Office Telephone :
4. E mail :
5. Mobile No. :
6. IMA NHB Number & Branch :
7. Chairman/Head of the Institution :
8. IMA Life Membership Number :
9. Managing Director /Administrator/Principal :
10. IMA Life Membership Number/Branch :
11. Whether proprietorship /Pvt. Ltd./Public Ltd. / Any Other :
12. Address of the functioning Centre :
13. Office Telephone :
14. E mail :
15. Address of the Administrative Centre :
16. Office Telephone :
17. E Mail :
18. Number of Beds :

19. Census in the past 3 years

:

Year	OP	IP	Labour

20. Laboratory Facilities:- Clinical pathology: Y / N Biochemical : Y / N Blood Bank : Y / N

21. Equipment Availability:

No. of Microscope:..... Auto Analyser: Y / N Semi Auto Analysers : Y / N Flame Photometer : Y / N
 Elisa Reader : Y / N Cell Counter : Y / N ABG Machine : Y / N Any other

22. Operation Theatre :

No. of O.T. Major.....Minor.....Labour.....SepticNo. of Boyles
 Autoclave.....C-arm.....Laparoscope Any other.....
 Surgeries performed in last 3 years.....

If above facilities are not available provide a copy of memorandum of understanding with tie –up centre / unit with their facilities.

23. Mode of Payment (Demand Draft Online payment)

A/c Name: IMA PARAMEDICAL COURSE, A/c No. 75260100004698, Bank: BANK OF BARODA, Branch: NAGERCOIL, IFSC Code: BARB0NAGCOI (5th Character is Zero)

Payment details:

DD/Online.....

I promise to abide by the rules and regulation of IMA TNSB to be passed as and when necessary by paramedical Wing for administration and by College of General Practitioners for Education & Training purpose.

All the information provided are the best of my knowledge.

Date:

Seal : Hospital / Institution

Signature

Note: Filled form to send to Dr. M. Thiraviam Mohan, Hony. State Secretary-IMA TNSB, IMATamilnadu HQs. Building, No. 1, Doctors Colony II Cross Street, Bharathidasan Nagar Extension, Off Mudichur Road, West Tambaram, Chennai-600 045.



INDIAN MEDICAL ASSOCIATION – TAMIL NADU STATE BRANCH

PARAMEDICAL WING



STUDENT APPLICATION FORM FOR ADMISSION: Year

Course :
Academic Year :
Institution Name & Address :

- 1. Name of the applicant as per 10th Certificate, in Capital letter.....
2. Sex (Male/Female).....3. DOB (As per 10th Mark Sheet) :
4. .

Table with 4 columns: Father, Mother, Guardian-Relation and rows for Name, Qualification, Occupation, Designation, Income.

5. Address for correspondence of the applicant
.....
.....Phone/Cell No:.....
Permanent Address:.....
.....
..... Phone/Cell No:.....

6. Give the following particulars concerning your Education:

Table with 4 columns: Examination Passed, Subjects, Year, Name of the School.

7. Reference : Name and Address of two responsible persons who can vouch for the applicant.

1) Name..... 2) Name.....
Relationship..... Relationship.....
Address..... Address.....
.....
Phone/CellNo..... Phone/CellNo.....

Office seal of the Paramedical Institute

Signature of the Principal

உறுதி ஆவணம்

நான் _____ வயது _____

_____ அவர்களின் மகன் / மகள் _____

_____ ல்
வசித்து வருகிற நான் கீழ்க்காணும் அறிவிப்புகளை ஏற்றுக் கொள்வதாக
உறுதி கூறுகிறேன்.

1. நான் _____ ம் கல்வியாண்டில் இந்திய மருத்துவச் சங்கம்
தமிழ்நாடு கிளையினால் நடத்தப்படும் _____

எனும் துணை மருத்துவப்படிப்பில் என் சொந்த விருப்பத்திலும்,
ஆசையிலும், என் பெற்றோர் - பாதுகாவலர் ஒப்புதல் பெற்று
விண்ணப்பித்துள்ளேன். விண்ணப்பப் படிவத்தில் உள்ள உள்ளீடுகள்
அனைத்தும் உண்மை மற்றும் முழுமையானவை என மனப்பூர்வமாக
அறிக்கையிடுகிறேன்.

2. இந்திய மருத்துவச் சங்கம் தமிழ்நாடு கிளையால் நடத்தப்படும் துணை
மருத்துவப்படிப்பு, அரசு / நர்சிங் கவுன்சில்/எந்த பல்கலைக் கழகத்தின்
அங்கீகாரம் பெறப்படவில்லை என இந்நிறுவனம் மற்றும்
மருத்துவமனை-ஆல் எனக்கு விளக்கப்பட்டுள்ளது. இது இந்திய
மருத்துவ சங்கத்தில் பதிவு செய்துள்ள தனியார் மருத்துவமனைகளில்
பணிபுரிவதற்கான படிப்பு எனவும், அரசு பணிகளில் சேரவோ,
விண்ணப்பிக்கவோ இயலாது எனவும் தெரிவிக்கப்பட்டது.
3. எனது வகுப்பறைப் பயிற்சி மற்றும் நடைமுறை பயிற்சி
வகுப்புகளுக்காக, எந்த நேரத்திலும், எந்த நகர்ப்புற / கிராமப்புற/
கிராமப்புற பகுதிகளின் நிறுவனம் / மருத்துவமனை/ கிளினிக் -ன் எந்த
துறையிலும் பணியாற்ற நான் தயாராக இருப்பேன்.
4. கடமையில் அலட்சியம் காரணமாக நிறுவனத்தின் அசையும் மற்றும்
அசையா சொத்துகளுக்கு என்னால் ஏற்பட்டுள்ள சேதங்களின் செலவை,
செலுத்த இதன் வாயிலாக ஒப்புக்கொள்கிறேன்.

5. நான் முதல்வர் / இயக்குநரிடமிருந்து உரிய முன் அனுமதி பெறாமல், வகுப்புகளில் கலந்து கொள்ளாமல் இருக்க மாட்டேன்.
6. செலுத்தப்பட்ட பயிற்சி கட்டணம் எந்த சூழ்நிலையிலும் திரும்பப் பெறவோ அல்லது சரி செய்யவோ முடியாது என்பதை மிகவும் தெளிவாக குறித்துக் கொண்டுள்ளேன். குடும்ப சூழ்நிலைகள் / குடும்பப் பொருளாதார நிலை / மோதல்கள் / சர்ச்சைகள் ஆகிய பிரச்சினைகளினால் பயிற்சியை தொடர முடியா நிலைமை மற்றும் வேறு எந்த காரணத்திற்கும் நிறுவனம் பொறுப்பேற்காது.
7. பயிற்சிக் காலத்தில் ஏதேனும் தகராறு / விவாதம் ஏற்பட்டால், இந்திய மருத்துவச் சங்கத்தின் முடிவு இறுதியானது, மற்றும் நிறுவனத்திற்கு எதிரான சட்ட நடவடிக்கைகளுக்கான அதிகார வரம்பு சென்னை, தமிழ்நாடு, இந்தியா மட்டுமே.
8. நான் இந்நிறுவனத்தின் இயக்குநர் / முதல்வரின் முடிவுகள் / இந்திய மருத்துவச்சங்கத்தின் அறிவுறுத்தல்களுக்கு இணங்க ஒப்புக் கொள்கிறேன். மேலும் தவறான நடத்தை, கீழ்ப்படியாமை மற்றும் அனுமதியின்றி வகுப்பில் இல்லாததற்காக எனக்கு அபராதம் விதிக்கப்படுவதை நான் ஆட்சேபிக்க மாட்டேன். இது தொடர்பாக முதல்வர் / இயக்குநர் / இந்திய மருத்துவச் சங்கத்தின் எந்த முடிவுக்கும் எதிராக நான் எந்த நீதி மன்றத்திலும் புகார் தெரிவிக்க மாட்டேன்.
9. நான் அரசியல் நடவடிக்கைகள் மற்றும் மாணவர்ச்சங்கம்/ போன்றவற்றில் பங்கேற்க மாட்டேன்.
10. தங்கும் விடுதி மற்றும் நிறுவனத்தில் எந்தவொரு போதைப்பொருட்களையும் / புகையிலையையும் நான் பயன்படுத்த மாட்டேன். மேலும் எனது பயிற்சி காலத்தில் உயர்தரமான தன்மை, நடத்தை மற்றும் சுகாதாரத்தை பராமரிக்க நான் உறுதியளிக்கிறேன்.
11. நிறுவனத்திற்குள் கைப்பேசி / தங்க ஆபரணங்களை நான் பயன்படுத்த மாட்டேன். கண்டுபிடிக்கப்பட்டால் அத்தகைய பொருட்களை நிறுவனம் என்னிடமிருந்து பெற்றுக் கொள்ள உரிமையுள்ளது என அறிவேன்.

12. இந்திய மருத்துவச் சங்கம் தமிழ்நாடு கிளையின் முடிவு செய்துள்ள ஆடைநெறிகளை நான் கடைப்பிடிப்பேன்.

மாணவர் கையொப்பம்

நாள்:.....

பெற்றோர் / பாதுகாவலர் கையொப்பம்

மருத்துவமனை / துணை மருத்துவ நிறுவனம் பயன்பாட்டிற்காக இணைக்கப்பட்டுள்ள ஆவணங்கள்.

இயக்குநர் / முதல்வர் / அதிகாரியின்

முத்திரை

இந்திய மருத்துவச்சங்கம் தமிழ்நாடு கிளையின்
பயன்பாட்டிற்காக

பாடநெறி குறியீடு.....

பதிவு எண்.

இந்திய மருத்துவச் சங்க மாநில செயலாளர் / இந்திய மருத்துவச் சங்கம் துணை மருத்துவ தலைவர் / செயலாளர்.

DECLARATION

I,aged.....years, Son / Daughter of
.....residing at
.....do hereby
solemnly declare and states as follows.

1. That I have enrolled for thecourse conducted by IMA for the academic yearat my own will and desire and after having consent from my parents/Guardian. The entries in the application form are true, complete and correct to the best of my knowledge and belief.
2. I have been explained by the Institute and I understood that the Paramedical course conducted by IMA is not approved by Govt./ MCI/ any University. It is for the employment in the Nursing Homes registered in Nursing Home Board of IMA and cannot be registered in MCI.
3. I shall be willing to serve in any department of the Institute/Hospital/Clinic/Urban or Rural area at any time during my theory and practical training classes/period or field practice at my own expenses.
4. I do hereby agree to pay the cost of damages caused to the movable and immovable property of the Institute or any departments concerned by me due to neglect of duties/work.
5. I will not keep myself absent from the classes without obtaining due and prior permission from the Principal/Director.
6. Fee, once paid, is neither refundable or adjustable in any circumstances, which I have noted very clearly. The Institute will not be responsible for any change in circumstances or family economic condition or conflicts, disputes or decision to discontinue the study or any other reason.
7. In case of any dispute during training period, the decision of the authority will be final and jurisdiction for legal proceedings against the Institute will be Chennai, Tamilnadu, India only.
8. I shall extend my full co-operation and agree to abide by the decisions/ instructions of the Director / Principal of the Institute, Chennai and I shall have no objection of I am awarded fine for any act of misbehaviour, disobedience and for being absent from the class. I will not proceed in any court of law against any decision of Principal/Director in this respect.
9. I shall not take part in the political activities and students union/association/action committee etc. Of the Institute or any other Institution.
10. That I shall not use any type of intoxicants/drugs tobacco in any form in the hostel and the institute and I assure to maintain high standard of character, behaviour and hygiene during my training period.
11. I will not use cell phones / Gold ornaments inside the Institute. If found, the Institute has all rights to collect from me.
12. I shall abide by the dress code as decided by IMA TNSB.

Signature of Student

Date:.....

Signature of Parent / Guardian

FOR PARAMEDICAL INSTITUTE USE ONLY

Documents Enclosed:

Seal & Signature of the Correspondent / Principal

FOR IMA OFFICE USE ONLY

Course

Regn. No......

IMA State Secretary-IMA TNSB

Paramedical Chairman-IMA TNSB