

(Emblem of the State Council)

FORM I

LADAKH STATE ALLIED AND HEALTHCARE COUNCIL

(See Rule 18(4))

APPLICATION FORM FOR REGISTRATION IN THE Ladakh STATE ALLIED  
HEALTHCARE PROFESSIONALS' REGISTER AND FOR ISSUANCE OF CERTIFICATE OF  
REGISTRATION

*(to be filled in with block letters)*

1. Name of the applicant:
2. Gender: Male / Female / Other:
3. Age & Date of Birth (proof to be attached):
4. Parent's Name (Full):
5. Are you a citizen of India by birth or  
by domicile
6. If so, the date of becoming Indian citizen:
7. Date and place of birth, with name
8. Revenue District and State:
9. Present occupation:
10. Present address (with pin code):
11. Permanent address (with pin code):
12. Name of the Police Station within the
13. jurisdiction of which, the permanent address
14. Aadhar Number
15. Phone Number
16. Landline with STD Code:
17. Mobile Phone No.:
18. Email
19. Details of payment of fee towards  
Registration:
20. Details of educational qualifications prior to/other than allied healthcare qualifications

Educational Qualification	Name of School/ College	Board/University	Year of passing
15th Standard or equivalent			

PUC or equivalent			
Other			

21. Details of Allied and Healthcare qualification for which registration is required, on Completion of Internship (If internship is applicable.)

Name of Qualification (s)	Name of Institution/ College	Affiliating University/ Authority	Whether qualification obtained	Name of Qualification (s)	Name of Institution/ College	Affiliating University/ Authority

22. Any other remarks/information that applicant wants to

submit: Declaration

All the information/facts stated above are true and correct to the best of my knowledge, information and belief. I am fully aware of the legal consequences in the event that any of the information is found to be false.

Place:

Date:

Signature of Applicant

Note:

1. The application form should be properly and legibly filled in block letters.
2. Following documents are to be enclosed with the application:
3. Attested copy of Degree / Diploma Certificate OR attested copy of Provisional Degree/Diploma Certificate (if Degree/Diploma Certificate is yet to be received from the University/Authority) shall be forwarded along with the Application. Applicant shall produce the original Degree/Diploma or as the case may, original Provisional Certificate for verification, if so, required by the State Council at any stage. In the event of any discrepancy is found, notwithstanding the fact that the applicant's name was registered, the name of the applicant shall be removed as provided under section 36 of the Act.
4. Duly attested copy of Certificate of Practical Training (Compulsory Rotating Internship- CRI) issued by the Principal/ Dean of the College.
5. Proof of residence.
6. Two recent passport size photograph's front view.
7. Signature on two self-adhesive slips provided with application.
8. The registration fee of Rs. 3,000/- to be paid along with the application as fee for registration, which shall be paid in favor of the Ladakh State Allied and Healthcare Council Fund.

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FORM-II

LADAKH STATE ALLIED AND HEALTHCARE COUNCIL

ACKNOWLEDGEMENT

Received the application(induplicate) from Sri/Smt/ Kum.

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For grant of registration /of registration of additional qualification/of renewal/of Allied & Healthcare Professional on .....

The list of enclosures attached to the application in the appropriate Form has been verified and found correct.

On verification it is found that the following documents mentioned in the list of enclosures are not actually enclosed.

.....

.....

This acknowledgement does not confer any right on the applicant for grant of registration /registration of additional qualification/renewal of registration

Place:

Signature of Secretary

Date:

Ladakh State Allied and Healthcare

Council Office Seal

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FORM – III

LADAKH STATE ALLIED AND HEALTHCARE COUNCIL

(See Rule 18(6))

Certificate under section 33(3) of the National Commission for Allied and Healthcare Professions Act, 2021  
(Central Act No.14 of 2021)

LADAKH STATE ALLIED AND HEALTHCARE COUNCIL,

Website:

Email:

Registration Certificate

Registration No. KA...../...../20...../KASAHC

Name	
Male/Female/Other	
Parent's Name	
Permanent Address with PIN Code, email and mobile phone number	
Date and Place of Registration	
Qualification with full nomenclature and abbreviation	
Professional Name & ISCO Code as per Schedule of the Act	
Year and Month in which Degree was awarded	

It is hereby certified that this is a true copy of the entries pertaining to the name specified above, in the Ladakh State Allied and Healthcare Council Professionals' Register.

Dated: .....

(Seal) Secretary

Ladakh State Allied and Healthcare Council

*Note:*

Every Registered Practitioner should be careful to bring to the Secretary's immediate notice, details regarding any change in his address and answer all enquiries that may be sent to him by the Secretary in regard thereto in order that his correct address may be duly inserted in the Register of Registered Practitioners.

This Certificate shall be valid for a period of five years from the date of registration and shall be renewed as per the Regulations for the respective profession.

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FORM – III - A

(See Rule 20)

Certificate under section 33(3) of the National Commission for Allied and Healthcare Professions Act, 2021  
(Central Act No.14 of 2021)

LADAKH STATE ALLIED AND HEALTHCARE COUNCIL,

website:

email:

Registration Certificate

Registration No. KA...../...../20 ...../KASAHC - DUPLICATE

Name	
Male/Female/Other	
Parent's Name	
Permanent Address with PIN Code, email and mobile phone number	
Date and Place of Registration	
Qualification with full nomenclature and abbreviation	
Professional Name & ISCO Code as per Schedule of the Act	
Year and Month in which Degree was awarded	

It is hereby certified that this is a true copy of the entries pertaining to the name specified above, in the Ladakh State Allied and Healthcare Council Professionals' Register.

Dated: .....

(Seal) Secretary

Ladakh State Allied and Healthcare Council

*Note:*

Every Registered Practitioner should be careful to bring to the Secretary's immediate notice, details regarding any change in his address and answer all enquiries that may be sent to him by the Secretary in regard thereto in order that his correct address may be duly inserted in the Register of Registered Practitioners.

This Certificate shall be valid for a period of five years from the date of registration and shall be renewed as per the Regulations for the respective profession.

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FORM – IV

LADAKH STATE ALLIED AND HEALTHCARE COUNCIL

(See Rule 20)

APPLICATION FORM

Registration of Additional Qualification(s) under section 18 of the National Commission for Allied and Healthcare Professions Act, 2021

*(to be filled in with block letters)*

Name of the Professional:

Primary Qualification Registration Number:

Primary Registered qualification with year of awarding:

Address and Phone No.as given in the Register:

Aadhaar No.:

Email:

Present Address in Block capitals with PIN: Code & Phone No. (If different from the one: at serial number 4 above):

Permanent Address in Block Capitals with: PIN Code & Phone No. (If different from the: one at serial number 4 above):

Details of Additional Qualification: applied for:

Name of Qualification(s)	Name of Institute /College	University/ Authority	Whether qualification obtained through regular learning mode	Duration of the Course (with Internship)	Name and Address of the Hospital/ Institute of Internship	Date of Admission and Month and Year of awarding qualification

Date: ...

Signature of the Candidate

DECLARATION

I solemnly affirm and declare that the above entries made by me are correct.

Signature of the Candidate

Name:

Date:

Instruction to Candidates for filling the application for Registration of additional qualification(s).

1. The application form should be properly and legibly filled in.
2. A non-refundable crossed Bank Draft of Rs. 2,000/- (Rupees Two Thousand Only) for each qualification, drawn in favor of the Ladakh State Allied and Healthcare Council Fund and shall accompany the application as fee. Fees may also be paid online.
3. Attested copies (By Gazette Officer) of Degree/Diploma Provisional Certificate shall be attached with application.
4. The application shall be forwarded direct to the Secretary (State Council abbreviation) Council

**Note:**

The certificate will be issued only to those who possess a recognized basic Allied Healthcare qualification and subsequently have obtained recognized Postgraduate qualification (s) or any other qualification of the same profession as per provisions of the Act.

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FORM – V

LADAKH STATE ALLIED AND HEALTHCARE COUNCIL

(See Rule 19)

CERTIFICATE OF REGISTRATION OF ADDITIONAL QUALIFICATION

Application Number & Date:

Additional Qualification Registration Number & Date:

Original Registration Number & Date.

Name of the Original Qualification registered:

Name of the Additional Qualification Registered:

This is to certify that Sri/Smt/Kum .....has duly registered his/her additional qualification with the Council and is entitled to practice as an Allied and Healthcare Professional in.....

Name	Name of the Father/Husband	Qualification & Date of passing of the Examination with Hall Ticket No.	Name of the Institution	Address of the Allied Healthcare Professional

This certificate is valid till.....and must be renewed on.....

Signature &Name of the Secretary

SEAL OF THE OFFICE



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FORM – VI

LADAKH STATE ALLIED AND HEALTHCARE  
COUNCIL APPLICATION FOR RENEWAL OF REGISTRATION

To

The Secretary,

The Ladakh State Allied and Healthcare Professional Council

Sir/Madam

I request you to renew my Registration for a period of five (5) years for which

I.....furnish the following

particulars:

Date of issue of existing Certificate of Registration (Enclosed the original Certificate)

Date of Expiry of existing Registration

Particular so renewal fee paid (D.D. No. \_\_\_\_\_, Name of the Bank, and Date) (Original D.D enclosed).

I hereby declare that the contents mentioned in the application are true and correct to the best of my knowledge

(Signature)

(Name and full address of the Applicant)

Place:

Date:

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FORM – VII

LADAKH STATE ALLIED AND HEALTHCARE COUNCIL

(See Rule)

Certificate under section 36(3) of the National Commission for Allied and Healthcare Professions Act, 2021  
(Central Act No.14 of 2021)

website:

email:

Certificate of Renewal of Registration Registration No.

KA...../...../20 ...../KASAHC

Application No. and Date	
Date of issue of the existing Certificate of Registration	
Date of expiry of existing Registration	
Date of renewal of Registration	
Renewal of Registration valid up to	

This is to certify that the Registration in the name of Sri / Smt / Kum  
..... with the council is here by renewed under the  
provisions of National Commission for Allied & Healthcare Professions Act, 2021 and subject to the following  
conditions to practice as an Allied and Healthcare Professional in \_\_\_\_\_

This Renewal of Registration shall be in force for a period of Five (5) years from the date of issue.

This Certificate shall be produced whenever it is required to the officer of the Council.

The candidate shall not violate the provisions of the *National Commission for Allied and Healthcare Professions Act, 2021 as may be amended from time to time* and the rules made there under.

Place:

Signature of Secretary

Date:

Ladakh State Allied and Healthcare Council

Office Seal

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FORM –VIII

LADAKH STATE ALLIED AND HEALTHCARE COUNCIL NOTICE

Date:

Reference No \_\_\_\_\_

To,

Sri/Smt/Kum. \_\_\_\_\_

I hereby give you the notice that information and evidence have been placed before the council with the following charge against you viz.

- 1.
- 2.

And that in relation thereto you have been guilty of infamous conduct in professional aspect

OR

That you were convicted on the day of \_\_\_\_\_ at \_\_\_\_\_ for the following offence viz.,

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You are hereby required to attend before the undersigned at..... on  
.....at the O/o The Ladakh State Allied and Healthcare Council to  
submit your explanation in writing to the above charges to establish any denial or defense along with  
documents relevant to the matter.

You are hereby further informed that if you do not attend as required above the undersigned will proceed with the material available with him and decide the matter.

Secretary

Ladakh State Allied and Healthcare Professional Council

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FORM - IX

LADAKH STATE ALLIED AND HEALTHCARE COUNCIL

REJECTION OF APPLICATION FOR GRANT OF REGISTRATION/ RENEWAL OF RECOGNITION

Application Number and Date:

Date of Inspection:

Reference Number and Date:

In exercise of the powers conferred under the National Commission for Allied and Healthcare Act, 2021, the Council hereby reject the application for grant of recognition/ renewal of recognition submitted by; -

(1)	Name and address of the Applicant	
(2)	Reasons for Rejection of the Application	

Signature & Name of the Secretary

(Office seal)

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FORM – X

LADAKH STATE ALLIED AND HEALTHCARE COUNCIL APPEAL  
FOR REASONS/ RECONSIDER REJECTION OF REGISTRATION

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FORM – XI

LADAKH STATE ALLIED AND HEALTHCARE

COUNCIL RESTORATION OF NAME

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FORM – XII

LADAKH STATE ALLIED AND HEALTHCARE COUNCIL

STATEMENT OF PROFESSIONAL AND COMMERCIAL ENGAGEMENTS OR INVOLVEMENT ON  
FIRST APPOINTMENT AND AT THE TIME OF DEMITTING OFFICE

S. No	Relation	Name	Professional position held in last three years from the date of declarations, if any	Commercial engagements / Involvement held in last three years from the date of declarations, if any
1	Self			
2	Spouse			
3	Dependent - 1			
4	Dependent - 2			
5	Dependent - 3			

- Add more rows, if necessary.

Date:

Signature of the Secretary

Name

*Additional Chief Secretary to Government.*

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FORM – XIII

LADAKH STATE ALLIED AND HEALTHCARE COUNCIL

Annual Report of the Ladakh State Allied and Healthcare Council for the Year 20.... - 20....

Introduction.

Description of the Constitution of the State Council.

Description on the Kerala State Allied and Healthcare Council.

Objectives of the State Council.

Functions of the State Council.

Autonomous Boards u/s 29 of the Act - its constitution and functions etc.

Advisory Boards u/s 31 of the Act and its functions.

Standardization of curriculum and scope of practice with respect to each profession under the various professional categories.

Task shifting.

Registration of Allied and Healthcare Professionals.

Accreditation and Rating of Institutions.

Growth of Allied and Healthcare Education System, in Ladakh, in particular. Universities/Institutions/Colleges

Faculty strength

Students' strength

No. of Graduated students

Employment statistics (Addition of workforce in the current year, percentage of students without employment etc.)

Research Development in Universities/Institutions

Condensed statistics on Growth of Allied and Healthcare Education.

Guidelines for determination of fees for seats in private Institutions and Deemed

Universities. Common Entrance Examination

Exit-cum-Licensing Examination

National Teachers Eligibility Test



Assessment of Health Care, including Human Resources for Health and Healthcare Infrastructure and Road map for its development in the State.

Website

Legal matters

Vigilance

Right to Information

Accounts and Establishment, including annual audit report

Publications

Miscellaneous

Date:

Chairperson  
Ladakh State  
Allied and Healthcare Council

Secretary  
Ladakh State  
Allied and Healthcare Council