

Circular

Sub: PHTS –First& Final year DHIC examination June-July 2013 reappearance result-  
publishing of - regarding.

Ref: Board meeting held at Directorate of Health Services chamber on 23.07.2013.

The First & Final year result of Diploma in Health Inspector Course Examination(reappearance) conducted in June- July- 2013 published together with this circular. Those who wants to reevaluate their answer paper should submit their application in the prescribed Performa attached with this circular with a fee of Rs.150/- per paper as Demand Draft payable at SBT main branch Thiruvananthapuram in favour of Secretary, Para Medical Council before 20.08.2013 without fail. Late application should not considered after 20.08.2013.

Copy of application form for revaluation & application for obtaining diploma certificate are also enclosed.

Sd/-

Principal/ Nodal Officer

To

The Principal

All Para Medical Institutions conducting DHI Course

\* Page 2 : Application for Revaluation

\* Page 3 :Application for Diploma

PARA MEDICAL COUNCIL

KERALA HEALTH SERVICES DEPARTMENT

Application for Revaluation of Answer Books of the Diploma in Health Inspector Course  
Examinations.....

Register No..... Year .....

To be sent by registered post

<p>1. Please attach copies of mark lists of subjects for which revaluation is required.</p> <p>2. Mention Year Month of Examination</p>
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<p>Amount Rs.....</p> <p>Name of the Bank and Branch .....</p> <p>.....</p> <p>Pay-in-slip No./DD No.....</p> <p>Date of Payment.....</p>
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DHIC Exam First Year/Final Year

1.	Name of the Candidate (Mention Male/Female)				
2.	Name of Examination, Month, Year				
3.	Register number with month & year (enclose copy of hall ticket)				
4.	College/Centre and place where he/she took the examination				
5.	Subject(s) and Paper (s) for which Revaluation is required.				
Sl. No.	Part/Branch	Title of the paper(s)	Marks obtained	Maximum Mark	For office use only
1.	Theory	Paper I			
2.	Theory	Paper II			
3.	Theory	Paper III			
4.	Theory	Paper IV			
5.	Theory	Paper V			
7.	Address to which results or revaluation is to be communicated (in block letter)				

Place:

Date:

Signature of the candidate

PARA MEDICAL COUNCIL

KERALA HEALTH SERVICES DEPARTMENT

Application for obtaining **Diploma** of Health Inspector Course

To be sent by registered post

1. Please attach attested copies of mark lists (Both Ist & II nd Years regular & reappearance) & Copies of the Hall Tickets (Both Ist & II nd Years regular & reappearance.)

\*Amount Rs.....  
 Name of the Bank and Brach .....  
 .....  
 Pay-in-slip No./DD No.....  
 Date of Payment.....

1.	Name of the Candidate ( in block Letters as in the S.S.L.C Book)	
2.	Sex	Male/Female
3.	School at which he/she completed the course	
4.	Batch & year (enclose copies of hall tickets)	
5.	Month and Year of passing Examination with register no: First Year: Final Year:	
6.	Whether passed DHIC in first chance or not.	
7.	If not Month and Year of passing with register No: First Year: Final Year:	
8.	Whether passed in Distinction, First Class or Second Class:	

\*NB: If fee for Diploma is paid previously with examination fee ,details should be written in the column mentioned above.

Signature of the candidate

Place:

Counter Signed

Date:

Principal of the School.