

No.T- 709/2014/PHTS

Public Health Training School
Thiruvananthapuram
Dated; 20.08.2014
Phone:0471 2479492
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Circular

Sub: PHTS –First& Final year DHIC examination June-July 2014 reappearance result-
publishing of - regarding.

Ref: Board meeting held at Directorate of Health Services chamber on 14.08.2014.

The First & Final year result of Diploma in Health Inspector Course Examination (reappearance) conducted in June- July- 2014 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 04.09.2014 without fail. Late application should not considered after 04.09.2014. Those who wants Diploma in person will submit a self addressed envelope having 16" x 12" (40cm x 30 cm) size (cloth lined) with a postal stamp worth Rs.50/-together with the application. Application for Diploma should be submitted after obtaining the mark list.

Copy of application form for revaluation & application for obtaining diploma 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

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

DHIC Exam First Year/Final Year

| | | | | | |
|---------|---|-----------------------|----------------|--------------|---------------------|
| 1. | Name of the Candidate | | | | |
| 2. | Phone No. | | | | |
| 3. | Mention Male/Female | | | | |
| 4. | Name of Examination, Month, Year | | | | |
| 5. | Register number with month & year (enclose copy of hall ticket) | | | | |
| 6 | College/Centre and place where he/she took the examination | | | | |
| 7 | 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

| | | |
|---|---|-------------|
| Attach attested copies of S.S.L.C, Mark lists of DHIC (Both 1st & 2nd Years regular & reappearance) & Copies of the Hall Tickets(Both 1st & 2nd Years regular & reappearance.) | *Amount Rs..... Name of the Bank and Branch 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. | Phone No. | |
| 3. | Sex | Male/Female |
| 4. | School at which he/she completed the course | |
| 5. | Batch & year (enclose copies of hall tickets) | |
| 6 | Month and Year of passing Examination with register no: | |
| | a) | First Year: |
| | b) | Final Year: |
| 7 | Whether passed DHIC in first chance or not. | |
| 8 | If not Month and Year of passing with register No: | |
| | a) | First Year: |
| | b) | Final Year: |
| 9. | 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. Those who wants Diploma in person should submit a self addressed envelope having 16" x 12" (40cm x 30 cm) size (cloth lined) with a postal stamp worth Rs.50/-together with the application.

Signature of the candidate

Place:

Counter Signed

Date:

Principal of the School.