

സർക്കുലർ

വിഷയം : പി.എച്ച്.ടി.എസ് - ഡി.എച്ച്.ഐ.സി - വിജയിക്കാത്തവർക്കുള്ള  
2016 ജൂലൈയിലെ പരീക്ഷ - അപേക്ഷാ തീയതി നീട്ടി  
നൽകുന്നു.

സൂചന : ഈ ഓഫീസിലെ 27.04.2016 ലെ ഇതേ നമ്പർ സർക്കുലർ

സൂചന സർക്കുലർ പ്രകാരം ഡി.എച്ച്.ഐ.സി കോഴ്സ് പരീക്ഷ വിജയിക്കാത്തവർക്കായി ജൂലൈ മാസം നടത്തുന്ന പരീക്ഷയ്ക്ക് അപേക്ഷ ക്ഷണിച്ചിരുന്നു. ടി അപേക്ഷ സ്വീകരിക്കുന്നതിനുള്ള അവസാന തീയതി **23.05.2016** ആയി ദീർഘിപ്പിച്ച് നൽകിയിരിക്കുന്നു. 2015 ഒക്ടോബർ-നവംബർ മാസങ്ങളിൽ പരീക്ഷ എഴുതിയിട്ട് മാർക്ക് ലിസ്റ്റ് ലഭിക്കാത്തവർ ഫലപ്രഖ്യാപനത്തിന്റെ പ്രസക്ത ഭാഗത്തിന്റെ പകർപ്പ് എടുത്ത് അപേക്ഷയോടൊപ്പം നൽകിയാൽ മതിയാകുന്നതാണ്.

സൂചന സർക്കുലറിൽ മേൽ പറഞ്ഞ കാര്യങ്ങൾ ഒഴികെ മറ്റ് യാതൊരു മാറ്റവും ഉണ്ടായിരിക്കുന്നതല്ല.

ഡോ. ബിന്ദു.കെ.ബി  
നോഡൽ ഓഫീസർ(ഡി.എച്ച്.ഐ.സി)/  
പ്രിൻസിപ്പാൾ,പബ്ലിക് ഹെൽത്ത് ട്രെയിനിംഗ് സ്കൂൾ

# **Para Medical Council**

Application for Registration of DHIC Examination - (1<sup>st</sup> / 2<sup>nd</sup> Year)

(Separate application should be submitted for 1<sup>st</sup> and 2<sup>nd</sup> year examination)

Batch :

Register No.

(Office Use)

1. Centre and Place of Examination

(In Capital letters)

2. Name of the Candidate as entered in the qualifying certificate (In capital letters)

(Copy of SSLC/+2 certificate to be enclosed)

In mother tongue

In English

3. Age and date of Birth

4. Religion, Community, Subdivision if any

Whether belonging to SC/ST/OBC/OEC. Specify.

5. Name of Father/Mother/Guardian

with relationship.

6. College at which the candidate

has studied for the course.

7.	The Subjects for which the candidate is appearing now.	Paper I	Paper II	Paper III	Paper IV	Paper V
	Part(s).					
(Write all papers for whole examination otherwise use '✓' mark to papers for which the candidate is appearing)						

8. Whether appearing for the examination for the first time. Yes/No

9. Details of previous appearance for each paper (Should be correctly entered by reappearance candidates)

	Centre and Place of Examination	Paper	Subjects	Reg. NO.	Month & Year	Whether passed or not

10	Permanent Address (In capital letter)	Communication Address (With Phone No).
11.	Name and official address of the identifying officer (gazetted officer). Put dated Signature of the identifying officer on the photograph(Office Seal)	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;">         Passport size photograph (bust) to be pasted &amp; signed by gazetted officer       </div>

#### Examination fee remittance & details

#### **INSTRUCTIONS FOR SUBMITTING THE APPLICATION**

1. All columns should be carefully filled in by the candidate in his/her own handwriting.
2. All enclosures to be placed between the Application form and Hall ticket form.
3. Name of the candidate should be entered EXACTLY as in the qualifying certificate (S.S.L.C/+2/Pre Degree/Degree)  
Name containing more than one word should be shown separately.
4. Last date for receipt of application will be the date for receipt of the same at the Public Health Training School Office. Applications received after the last date prescribed/defective and not accompanied by documents and prescribed fee shall be summarily rejected.
7. **Remittance of fee:** Fee may be remitted by way of D.D(in favour of Para Medical Council) D.D must be payable at SBT Main Branch, Thiruvananthapuram.
  - a) Application Fee : Rs.10/-
  - b) ~~Examination Fee: Rs.150/- Per Paper.~~
  - c) Reappearance : Rs.200/- Per Paper
  - d) Mark list fee : Rs.50/-
  - e) Certificate fee : Rs.100/- (Should be remitted at the time of applying for Diploma.)

All candidates should remit application fee & mark list fee along with the examination fee and submit the D.D.

**All Columns in the application form should be correctly filled. Number, year and month of previous reappearance should be entered correctly. Other wise application will be rejected.**

**Para Medical Council**

Government of Kerala

**HALL TICKET**

Diploma in Health Inspector Course 1<sup>st</sup> year/ 2<sup>nd</sup> year

Batch .....

Month and year of Examination .....

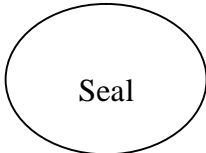
Reg. No: (Office use)

Centre and Place of  
Examination (Capital Letter) :  
Name of the candidate :  
(Capital Letter)  
Permanent address :

Paper for which candidate is appearing.

Part	Subjects	Regular/Reappearance
Total Number of paper for which registered (..... in words)		

Name and official Address of identifying  
Officer (gazetted officer) and put dated  
signature of the identifying officer on the photograph  
(Office Seal)



Passport size  
photograph  
(bust) to be  
pasted and  
signed by  
identifying  
officer

Signature & Seal  
Principal, Public Health Training School

Signature of Candidate  
(to be signed in the presence of  
the Identifying Officer)