

**PARAMEDICAL COUNCIL
KERALA HEALTH SERVICES DEPARTMENT**

APPLICATION FOR OBTAINING CERTIFICATE OF DIPLOMA IN HEALTH INSPECTOR COURSE

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|--|---|---|------------------------|------------------------|---|
| Attach attested copies of SSLC, +2, Mark lists of DHIC (Both I and II Year Regular and Reappearance) and Copies of the hall tickets (Both I and II Year Regular and Reappearance) along with duly filled application. | Payment Details | | | | |
| | Amount (in Rupees) | | | | |
| | Transaction Number (UTR Number/Journal Number/ Transaction reference number) <small>*(original bank counterfoil/receipt to be attached)</small> | | | | |
| | Name of Bank and Branch | | | | |
| 1.Name of the Candidate (in BLOCK LETTERS as in SSLC Book) | | | | | |
| 2.Permanent Address of the candidate (in BLOCK LETTERS) | | | | | |
| 3.Male/Female/Others <small>(Tick accordingly)</small> | | | 4.Mobile Number | | |
| 5.Batch and Academic Year (Eg:2018-20,2019-21) | | | | | |
| 6.Institution at which he/she completed the course | | | | | |
| 7.Month and Year of Passing Examination with Register Number | | | | | |
| First Year | | | Second Year | | |
| Paper | Register Number | Passing Month & Year of Exam | Paper | Register Number | Passing Month & Year of Exam |
| Paper I | | | Paper I | | |
| Paper II | | | Paper II | | |
| Paper III | | | Paper III | | |
| Paper IV | | | Paper IV | | |
| Paper V | | | Paper V | | |
| 8.Whether passed DHIC in first chance or not?(Yes/No) | | | | | |
| 9. Whether passed in Distinction/First Class/Second Class? | | | | | |

NB: In case of missing/lost hall tickets students should obtain a bona fide certificate from their respective head of institutions certifying that the student has attended the examination (with included Register Number) and has passed or failed the examination. Those students who wish to collect the Diploma certificate in person must attach a self addressed sufficiently stamped (worth Rs.45 in case of speed post) A4 size cloth lined cover along with the application For Diploma Certificates students should remit a fee of Rs.100 towards application fee to the account of SECRETARY, PARAMEDICAL COUNCIL (ACC. NO: 57036990991; IFSC: SBIN0070028) via NEFT/Direct Transfer. Original Counterfoil/Receipt clearly showing the Transaction Reference Number (UTR Number/Journal Number) must be attached along with the application. Demand Drafts will not be accepted.

Declaration

I hereby certify that the information given by me in this application is true and correct to the best of my knowledge. I am also aware that any information wrongly furnished/incomplete application leads to the rejection of my application without prior intimation.

Signature of the Student

The above information is verified with original records and found correct

Place:

Date:

Institution Seal

Signature of the Head of Institution