

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

- |   |
|---|
| <ol style="list-style-type: none"> <li>1. Please attach copies of mark sheets downloaded from the web site for subjects which revaluation is required.</li> <li>2. Mention Year Month of Examination</li> </ol> |
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Amount Rs..... Name of the Bank and Branch ..... ..... Pay-in-slip No./DD No..... Date of Payment.....
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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 letters) with Telephone number.				

Place:

Date:

Signature of the candidate

