

# **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)

(Office Use) Batch : Register No.  
(To be filled by the candidate)

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1. Centre and Place of Examination

(In Capital letters)

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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

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3. Age and date of Birth

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4. Religion, Community, Subdivision if any

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

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5. Name of Father/Mother/Guardian  
with relationship.

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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	Number of chances taken after completion of the course	Year in which completed the course

10	Permanent Address (In capital letter)	Communication Address (With Phone No).
11.	Name and official address of the identifying 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 identifying officer         </div>

12. Examination fee remittance & details:

**Declaration**

I hereby declare that the information given by me in this application is true and correct to the best of my knowledge.

**Signature of the candidate**

## **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 Thiruvananthapuram.

a) Application Fee : Rs.10/-

b) Examination Fee: Rs.150/- Per Paper (If appearing for the first time)

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 .....

Syllabus: Old /New (to be filled by the candidate).....

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

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

Seal

Signature & Seal

Principal, Govt.Public Health Training School

Signature of Candidate

(to be signed in the presence of  
identifying officer)