## Para Medical Council

Application for Registration of DHIC Examination -  $(1^{st}/2^{nd} \text{ Year})$ (Separate application should be submitted for  $1^{st}$  and  $2^{nd}$  year examination

	(Separate application	should be s	submitted for	13° and 2°° y	ear examina	tion
(Offic	ce Use)	Batch :			Register	No.
1. Ce	entre and Place of Exa	mination				
(1	n Capital letters)					
	ame of the Candidate Copy of SSLC/+2 certif			ying certificat	e (In capital	letters)
In	In mother tongue In English					
3. Aç	ge and date of Birth					
4. Re	4. Religion, Community, Subdivision if any					
W	hether belonging to S	C/ST/OBC/	OEC. Specify	•		
	ame of Father/Mother, ith relationship.	/Guardian				
6. Co	ollege at which the car	ndidate				
ha	as studied for the cour	se.				
7.	The Subjects for which the candidate is	Paper I	Paper II	Paper III	Paper IV	Paper V

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)					

9.	9. Details of previous appearance for each paper (Should be correctly entered by reappearance candidates)					
	Centre and Place	Paper	Subjects	Reg.	Month &	Whether
	of Examination			NO.	Year	passed or
						not

10	Permanent Address (In capital letter)	Communication Ad	dress (With Phone No).
11.	Name and official address of the ident (gazetted officer). Put dated Signature identifying officer on the photograph(	e of the	Passport size photograph (bust) to be pasted & signed by gazetted officer

## **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) <u>D.D must be payable at SBT Main Branch, Thiruvananthapuram.</u>

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	on			
		Reg. No: (Office us	e)		
Centre and Place	of				
Examination (Cap	ital Letter) :				
Name of the cand	idate :				
(Capital Letter)					
Permanent addres	ss :				
Paper for which ca	andidate is appearing.				
			De muleu/Deen meeure		
Part	Subjects	5	Regular/Reappearance		
	Tatal Name to a first and first				
	Total Number of paper fo	r which registered			
	Total Number of paper fo	r which registered			
		r which registered	in words)		
Name and official		·	in words)		
	(	·	Passport size		
Officer (gazetted of	(Address of identifying		Passport size photograph		
Officer (gazetted of	(Address of identifying		Passport size		
Officer (gazetted of signature of the identification)	(Address of identifying		Passport size photograph (bust) to be		

Signature & Seal

Principal, Public Health Training School

Signature of Candidate

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