

**No.T- 2000/2018/PHTS**

**Public Health Training School  
Thiruvananthapuram  
Dated; 11.06.2019  
Phone 0471 2479492  
Email : phtstvpm@gmail.com**

**Circular**

Sub: PHTS – First & Final year regular DHIC examination February-March 2019  
result- publishing of - regarding.

Ref: Board meeting held at Directorate of Health Services chamber on 11.06.2019

The result of Diploma in Health Inspector Course (First & Final year) Examination conducted in February-March 2019 is published herewith.

Those who want to reevaluate their answersheets should submit their application for revaluation in the prescribed proforma attached with this circular with a fee of Rs.150/- per paper as demand draft payable at SBI Statue Trivandrum which is to be made in favour of Secretary, Paramedical Council, Thiruvananthapuram before **22.06.2019**. Late applications will not be considered. Application for correction of misspelled names may be submitted by the candidate, duly countersigned by the respective principals along with the following documents.

1. True copy of School Leaving Certificate of the candidate attested by a gazetted Officer
2. True copy of Hall Ticket attested by the Principal concerned.

Successful candidates may obtain their mark lists from the respective institution where they have studied. After obtaining mark list, they may submit application for diploma in the prescribed proforma along with attested copies of mark list and DD of Rs.100/- drawn in favour of Secretary, Paramedical Council. Those who wants Certificate of Diploma by post should submit a self addressed envelope having 16"x12" (40 cm x 30 cm) size ( cloth lined) with a postal stamp worth Rs.42/- along with the application.

Sd/-

Principal/ Nodal Officer

To

The Principal

All Para Medical Institutions conducting DHI Course

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

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| <p>1. Please attach copies of mark sheets downloaded from the web site for subjects which revaluation is required.</p> <p>2. Mention Year Month of Examination</p> |
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| <p>Amount Rs.....</p> <p>Name of the Bank and Branch .....</p> <p>.....</p> <p>Pay-in-slip No./DD No.....</p> <p>Date of Payment.....</p> |
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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 Mobile Phone Number. |                       |                |              |                     |

Place:

Date:

Signature of the candidate