	Para Medical Council												
	Application for Registration of DHIC Examination - (1 st / 2 nd Year)												
		(Separa	te applicat	ion should be	submitted f	or 1 st a	nd 2	nd year			No		
1	Office			Batch :						Register	INO.		
(Office Use)			Syllabus : Old/New (To be filled by the candidate)										
1. Centre and Place of Examination													
_		Capital lett			• ••				/T				
2				as entered			g ce	rtificat	e (Ir	i capital	lettei	rs)	
	(Copy of SSLC/+2 certificate to be enclosed) In mother tongue In English												
	1	In mother tongue In English											
1.5) / ~	and data	f Dirth										
-		and date o		ubdivision if									
-		5 ,			,	ifv							
6	Whether belonging to SC/ST/OBC/OEC. Specify. 5. Name of Father/Mother/Guardian												
	with relationship.												
6		ege at whic		ndidate									
		studied for											
	7.	The Subj											
		which the candidate is		Paper I	Paper I	I Paper III		er III	Paper IV Pa		Pa	aper V	
		appearin					•						
-		Part(s).	g now.										
		(Write all papers for whole examination otherwise use '√' mark to papers											
L		for which the candidate is appearing)											
8	3. Wh	ether appea	aring for	the examina	ation for th	ne firs	t tim	e.	Y	es/No			
	9. Details of previous appearance for each paper (Should be correctly entered by												
	reappearance candidates)												
		entre and	Paper	Subjects	Reg.	Mor		Whet		Numbe		Year	
		Place of amination			NO.	& Ye	ear	pass or n		chanc taken a		whicł comple	
		anniation						0111	01	comple		the	ieu
										of the		cours	e
										cours	e		

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

Examination fee remittance & details

Declaration

I hereby declaring 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.
- 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 constraining

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. (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.

<u>All Columns in the application form should be correctly filled. Number,</u> year and month of previous reappearance should be entered correctly. <u>Other wise application will be rejected.</u>

Para Medical Council

Government of Kerala

HALL TICKET Diploma in Health Inspector Course 1st year/ 2nd year Batch

Month and year of Examination

:

2

:

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)				
Officer (gazette	al Address of identifying officer) and put dated identifying officer on the photograph Seal	Passport size photograph (bust) to be pasted and signed by identifying officer				

Signature of Candidate (to be signed in the presence of the Identifying Officer