

Para Medical Council

and

Directorate of Health Services

Application for Registration of Diploma in Health Inspector Course Examination 2024

Batch: Regular (Ist / 2nd) Re-appearance (Ist / 2nd)

- Separate application forms to be submitted for Regular and Reappearance candidates.
- For Reappearance candidates, separate form to be submitted for first and second year.

Register Number of previous examination attended:
(I/II Year Reappearance and II Year Regular students only)

1. Name of the Candidate (In capital letters) :
(as in the SSLC/CBSE/ICSE Certificate, copy
of SSLC/CBSE/ICSE to be enclosed)

Name in Mother Tongue :

2. Date of Birth :

3. Religion, Caste :

4. Category (Tick whichever is applicable) :

 SC ST OBC General others

5. Name of Father/Mother/Guardian :
(with relationship)

6. Permanent address (In Capital letter) :

7. Address for Communication (with mobile no) :

8. Institution where the candidate studied :
for the DHIC

9. The Subjects for which the candidate is appearing now.
(Write the name of papers for which the candidate is appearing)

I YEAR		II YEAR	
Papers	Name of Paper	Papers	Name of Paper
Paper I		Paper I	
Paper II		Paper II	
Paper III		Paper III	
Paper IV		Paper IV	
Paper V		Paper V	

Column 11 - For Re-appearance candidates only

10. Details of previous appearance for each paper in I and II Year (Should be correctly entered by reappearance candidates only)					
Year	Paper	Passed or Not	If Passed, Write the month and year of the examination	Register Number	Number of chances taken after completion of the course
I Year	Paper I				
	Paper II				
	Paper III				
	Paper IV				
	Paper V				
II Year	Paper I				
	Paper II				
	Paper III				
	Paper IV				
	Paper V				

12	Name and official address of the identifying officer. Identifying officer should sign over the photograph with date. Also put Office Seal.	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 80%; margin: auto;"> Passport size photograph (bust) to be affixed & signed by identifying officer with date and office seal </div>
----	--	---

13. Details of examination fee remitted :
(Name of bank and branch, Journal Number for the fee remitted, Total paid)

Declaration

I have completed 45 days mandatory field training in the first/ second year (strikeout whichever is not applicable). I hereby declare that the information given by me in this application is true and correct to the best of my knowledge. (In the case of final years, total 90 days of training together)

Signature of the candidate

I have verified the information given above and found correct and the applicant has completed 45 days mandatory field training and sufficient attendance in the first / second year.



Seal

Signature, Name and Designation of the Head of Institution

INSTRUCTIONS FOR FILLING AND SUBMISSION OF APPLICATION

1. All columns should be carefully filled in by the candidate in his/her own handwriting.
2. Copies of SSLC/CBSE/ICSE Certificate and Previous Mark Lists and copy of Aadhar must be attached along with the Application Form duly attested by the Head of the Institution
3. Name of the candidate should be entered EXACTLY as in the SSLC/CBSE/ICSE Certificate. While writing the name of the candidate, care should be taken to give proper spacing in between first name, second name and surname (if any). 'NAME' should be written in block letters with correct spelling. No corrections of names shall be permitted later.
4. **Remittance of fee:** Exam fee must be remitted by direct remittance through bank, Bank Transfer/NEFT to the account of Secretary Paramedical Council (A/C No: 57036990991 IFSC: SBIN0070028, SBI Thiruvananthapuram Main Branch) and original counterfoil with Journal Number/Acknowledgment Number/UTR Number must be attached along with the application. A/C Number of the Secretary must be clearly mentioned in the Counterfoil. No other mode of transactions will be permitted.

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/-

All candidates should remit application fee & mark list fee along with the examination fee.

Please Note that all Columns in the application form should be correctly filled. Number, year and month of previous appearance for DHIC examination should be entered correctly. Otherwise application will be rejected.