

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

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.
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 SBT Main Branch, 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 1st year/ 2nd year

Batch

Month and year of Examination

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

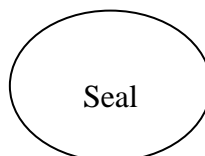
Reg. No: (Office use)

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 (gazette officer) and put dated
signature of the identifying officer on the photograph
(Office Seal)



Signature & Seal
Principal, Public Health Training School

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