Para Medical Council

Application for Registration of DHIC Examination 2023 - (1 $^{\rm st}$ / 2 $^{\rm nd}$ Year)

(Regular/Reappearance) (Tick correspondingly)

(Separate application	n should be	e submitted fo	or 1 st ar	nd 2 nd	year	examination)
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		Batch : Register No.						
(Office Use) (To be filled by the			by the candidat	e)				
1.	Centre and Place of Exar	nination						
	(In Capital letters)							
2.	Name of the Candidate a of SSLC/+2 certificate to		ne qualifying ce	ertificate (In ca	ipital letters) ((Сору		
	In mother tongue			In Eng	lish			
3.	3. Age and date of Birth							
4.	I. Religion, Community, Subdivision if any							
	whether belonging to SC/ST/OBC/OEC. Specify.							
5.	5. Name of Father/Mother/Guardian with relationship.							
6.	6. College at which the candidate							
has studied for the course.								
7	. The Subjects for which the candidate is appearing now.	e Paper I	Paper II	Paper III	Paper IV	Paper V		
	Part(s).							

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)					which the

8. Whether appearing for the examination for the first time. Yes/No

9.	 Details of previous appearance for each paper (Should be correctly entered by reappearance candidates) 							
	Centre and Place of Examination	Paper	Subjects	Reg. No.	Month & Year	Whether passed or not	Number of chances taken after completion of the course	Year in which completed the course

10	Permanent Address (In capital letter)	Communication Address (With Mobile No).
11.	Name and official address of the identifying dated Signature of the identifying officer ophotograph(Office Seal)	Decement size

12. Examination fee remittance & details:

Declaration

I hereby declare that the information given by me in this application is true and correct to the best of my knowledge.

Signature of the candidate

I hereby declare that the information given above are verified and found correct.



INSTRUCTIONS FOR SUBMITTING THE APPLICATION

- 1. All columns should be carefully filled in by the candidate in his/her own handwriting.
- 2. Copies of SSLC Certificate and Previous Mark Lists 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 the way of Bank Transfer/NEFT to the account of Secretary Paramedical Council (A/C No: 57036990991 IFSC: SBIN0070028) 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/-

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.

All Columns in the application form should be correctly filled. Number, year and month of previous reappearance should be entered correctly. Otherwise application will be rejected.