Para Medical Council

and

Directorate of Health Services

Application for Registration of Diploma in Health Inspector Course Examination 2025

Batch	Regular ($I^{st} \square / 2^r$	\square Re-appearance (\square st \square / 2 nd \square)			
 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.	I. 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	e No) :			
8.	Institution where the candidate studied for the DHIC	:			
9.	Subjects for which the candidate is appearing. (Regular candidate who are appearing for Re appearance examination should submit separate application form for both Regular and Re appearance examinations)				
FIRST YEAR					

FIRST YEAR				
Papers	Name of Paper	Write <u>Applied</u> or <u>Not</u>		
Paper I	Anatomy & Physiology			
Paper II	Nutrition Hygiene Basic Pharmacology & Microbiology			
Paper III	First Aid, Disaster & Disability Management & Rehabilitation			
Paper IV	Communicable Disease, National Health Programme			
Paper V	Public Health & Primary HealthCare, Job Responsibilities, Records & Reports			

SECOND YEAR				
Papers	Name of Paper	Write <u>Applied</u> or <u>Not</u>		
Paper I	Environmental Sanitation, Public Health Problems			
Paper II	Communication & Health Education			
Paper III	Fundamentals of Management, Public Health Act, LSGD, Project Preparation			
Paper IV	Behavioural Science, Sociology, Psychology & Mental Health			
Paper V	NCD, Bio medical Waste Management, Palliative Care, Geriatric Health			

10	Name and official address of the identifying	
	officer. Identifying officer should sign over	Passport size
	the photograph with date. Also put Office	photograph
	Seal.	(bust) to be
		affixed & signed
		by identifying
		officer with date
		and office seal

11. Details of examination fee remitted

Total Amount Paid:

Name of Bank and Branch:

Journal Number:

Declaration

I	(Name) is a	(I year / II
Year)	(Regular / Reappearance) stude	nt and I have
completed (45/90)	days mandatory field training 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 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 $\frac{1}{2}$



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 Paramedical Council must be clearly mentioned in

the Counterfoil. Any other mode of transactions will not 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.