

DEPARTMENT OF HEALTH SERVICES

GOVERNMENT OF KERALA

Application for Revaluation of Answer Books of the Diploma in Health Inspector Course Examination

Regular/ Re appearance (First Year/Final Year)

(Use separate applications for separate examinations)

Revaluation Fees: Rs.150 per Paper(s), to be paid at any Bank (Account Deposit/NEFT to the Account of Secretary, Paramedical Council, SBI Main Branch, Trivandrum, A/C No: 57036990991; IFSC: SBIN0070028), and the Original Counterfoil with Journal Number to be attached with this application.

Amount Paid Rs:

Name of the Bank and Branch:

Journal Number/UTR Number:

Date of Payment.....

Please attach copies of the result of your institution downloaded from the DHS website (www.dhskerala.gov.in) / downloads/ results and highlight your results in it.

| | | | | | | |
|---|---|--|--|-----------------|---------------------|----------------------|
| 1. | Name of the Candidate | | | | | |
| 2. | Gender | | | | | |
| 3. | Mobile Number | | | | | |
| 4. | Batch | | | | | |
| 5. | Institution in which the candidate studies/studied | | | | | |
| 6. | Month and Year of Examination | | | | | |
| 7. | Register Number (must enclose copy of Hall Ticket of April-May 2025 Examination) | | | | | |
| 8. | Revaluation Applied For (Tick Corresponding Columns) | <table border="1"><tr><td>I Year Regular</td></tr><tr><td>II Year Regular</td></tr><tr><td>I Year Reappearance</td></tr><tr><td>II Year Reappearance</td></tr></table> | I Year Regular | II Year Regular | I Year Reappearance | II Year Reappearance |
| I Year Regular | | | | | | |
| II Year Regular | | | | | | |
| I Year Reappearance | | | | | | |
| II Year Reappearance | | | | | | |
| 9. Details of Paper(s) for which revaluation is applied | | | | | | |
| Sl. No | Part/Branch | Title of the Paper(s) | Marks obtained for theory only (Furnish only marks scored for theory examination. Practical and Viva marks should not be included) | | | |
| 1 | Theory | Paper I | | | | |
| 2 | Theory | Paper II | | | | |
| 3 | Theory | Paper III | | | | |
| 4 | Theory | Paper IV | | | | |
| 5 | Theory | Paper V | | | | |

Place:

Date:

Signature of the Candidate

Office Seal

Signature and Seal of the Head of Institution

NB: Head of Institutions should make sure that all columns in the application are duly filled and verified. Incomplete applications will not be accepted.