

# Para Medical Council

and

## Directorate of Health Services

Application for issuance of Hall ticket for Diploma in Health Inspector Course  
Examination 2026

Batch: Regular (I<sup>st</sup> ☐ / 2<sup>nd</sup> ☐ ) Re-appearance (I<sup>st</sup> ☐ / 2<sup>nd</sup> ☐ )

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

Register Number of previous examination attended:

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. Subjects for which the candidate is appearing.  
(Regular candidate who are appearing for Re appearance examination should submit  
additional application form for Re appearance examinations)

FIRST YEAR		
Papers	Name of Paper	Write <b><i>Applied</i></b> or <b><i>Not</i></b>
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	

<b>SECOND YEAR</b>		
Papers	Name of Paper	Write <b><i>Applied</i></b> or <b><i>Not</i></b>
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 be the Head of the Institution) 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: 0 auto;">           Passport size             photograph            (bust) to be            affixed &amp; signed            by identifying            officer with date  <u>and office seal</u> </div>
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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) student and I have completed ..... 45 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 80% attendance in the first / second year



**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.**