## **GOVERNMENT OF KERALA**

## APPLICATION FOR CERTIFICATE COURSE IN PHARMACY (HOMOEO)

R	EGULAR/ SUPPLEMENT	ARY EXAM	INATION O	F	Month & Year of	f exam	
1)	Full Name of the Candidate	:					
2)	(in Block Letters) Father's Name	:					
3)	Address with pincode	:					
4)	Mobile number & Email id	:					
5)	Date of Birth	:					
6)	Sex	:					
7)	Nationality	:					
8)	Name and Address of the Institution in which the Candidate studied the CCP(H) Course	÷					
9) D	etails of Examination already	appeared					
	Reg No		Subject		Month &	x Year Passed	
	I						
10) Details of fee remittance (Demand Draft in favour of the Principal & Controlling			Amount	DD No	Date of Remittance	Name of Bank & Branch	
	cer, GHMC payable at uvananthapuram)						
11)	Specify the subjects in	Par	per I - Anatoı	ny & Physiolog	ŢV		
			Paper II - Hygiene, Prevention of Diseases & First aid				
exam. (Tick the appropriate box)			Paper III - Elements of Homoeopathic Philosophy				
(Thek the appropriate box)		Paper IV - Homoeopathic Pharmacy Paper V - Industrial, Hospital & Clinical Pharmacy					
Declaration  I hereby solemnly and sincerely affirm that the statements made and the information provided by me in the application form are true and correct. I assure that I am ready to appear for both the theory and practical/viva examinations at the center allotted to me. I also affirm that I will not request a change of the examination center.							
Г	ate:						

Signature of the Candidate

Place:

## GOVERNMENT OF KERALA BOARD OF EXAMINATION FOR THE CONDUCT OF C.C.P. (HOMOEO) EXAMINATIONS CERTIFICATE COURSE IN PHARMACY REGULAR/ SUPPLEMENTARY EXAMINATION OF Month Year

	NionthYear					
(To be filled by the Office)	Hall Ticket					
Admission Ticket No. :						
Name of Examination with month and year:						
Name of Exam Centre :						
(To be filled by Candidate)						
Full Name and :						
Address of Candidate						
with pin code		RECENT				
(in Block Letters)		PASSPORT SIZE				
,		COLOUR PHOTO				
Cubicata amponina		(Should be attested by a Gazetted				
Subjects appearing:		Officer)				
Si-ma	stone of the Candidate					
Signa	ature of the Candidate					
BOARD OF EXAMINATION FOR THE CONDUCT OF C.C.P. (HOMOEO) EXAMINATIONS CERTIFICATE COURSE IN PHARMACY REGULAR/ SUPPLEMENTARY EXAMINATION OF Month Year						
(To be filled by the Office)	Hall Ticket					
Admission Ticket No. :						
Name of examination with month and year:						
Name of Exam Centre :						
(To be filled by Candidate)						
Full Name and :	r					
Address of Candidate						
with pin code		DECENIT				
(in Block Letters)		RECENT PASSPORT SIZE COLOUR PHOTO				
Subjects appearing:		(Should be attested by a Gazetted Officer)				

Signature of the Candidate