

GOVERNMENT OF KERALA

APPLICATION FOR CERTIFICATE COURSE IN PHARMACY (HOMOEOPATHY)

REGULAR/ SUPPLEMENTARY EXAMINATION OF _____ Month & Year of exam

- 1) Full Name of the Candidate :
(in Block Letters)
- 2) 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) Details of Examination already appeared

Reg No	Subject	Month & Year Passed

10) Details of fee remittance (Demand Draft in favour of the Principal & Controlling Officer, GHMC payable at Thiruvananthapuram)

Amount	DD No	Date of Remittance	Name of Bank & Branch

11) Specify the subjects in which you are appearing for the exam. (Tick the appropriate box)		Paper I - Anatomy & Physiology
		Paper II - Hygiene, Prevention of Diseases & First aid
		Paper III - Elements of Homoeopathic Philosophy
		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.

Date:

Place:

Signature of the Candidate