

GOVERNMENT OF KERALA

APPLICATION FOR CERTIFICATE COURSE IN PHARMACY (HOMOEOPATHIC)

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