

GOVERNMENT OF KERALA

BOARD OF EXAMINATIONS FOR THE CONDUCT OF N.C.P. (HOMOEOPATHY) EXAMINATIONS
APPLICATION FOR NURSE CUM PHARMACIST (Homeo) REG/SUPPLE
EXAMINATION **-20**

- 1) Name of Candidate(in Block Letters) :
- 2) Father's Name :
- 3) Address with pin code :
- 4) Telephone Number :
- 5) Date of Birth :
- 6) Sex :
- 7) Nationality :
- 8) Name and Address of Institution which
The Candidate studied for the Course :
- 9) Centre of Examination :

10) Details of Examination already appeared :

Reg. No.	Month & Year	Subjects Passed

11) Details of Fee remittance :

DD no.	Date of Remittance	Amount

(DD in favour of the Principal & Controlling Officer, GHMCT payable at Thiruvananthapuram)

12) Whether appearing whole exam/part. If part, specify the subjects.

Declaration

I hereby solemnly and sincerely affirm that the statement made here and information given by me in the application form is true and correct.

Date:
Place:

Signature of the Candidate

For Office Use

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NURSE-CUM-PHARMACIST COURSE REG/SUPPLE EXAMINATION

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HallTicket

Admission Ticket No.
(To be filled by the Office)

Name of examination with month and year :

Name of Centre :

Name and Address of Candidate
with pin code (To be filled by the candidate) :

Subject appearing :

Signature of the Candidate

PHOTO

(Should be
attested by
Gazetted Officer)

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HallTicket

Admission Ticket No.
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Name of examination with month and year :

Name of Centre :

Name and Address of Candidate
with pin code (To be filled by the candidate) :

Subject appearing :

Signature of the Candidate

PHOTO

(Should be
attested by
Gazetted Officer)