

GOVERNMENT OF KERALA
BOARD OF EXAMINATION FOR THE CONDUCT OF C.C.P. (HOMOEOPATHY) EXAMINATIONS
CERTIFICATE COURSE IN PHARMACY COURSE EXAMINATION REG/SUPPLE _____ 20 _____

Hall Ticket

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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APPLICATION FOR CERTIFICATE COURSE IN PHARMACY EXAMINATION REG/SUPPLE

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 & Subject
Year Passed
- 11) Details of Fee remittance : DD No. Date Amount
(DD in favour of the Principal & Remittance
Controlling Officer, GHMC payable at
Thiruvananthapuram)
- 12) Whether appearing whole exam/part. If part, specify the subjects.

Declaration

Thereby 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