

**OFFICE OF THE COMMISSIONER OF HEALTH & FAMILY  
WELFARE:: AP::GOLLAPUDI::AMARAVATHI**

Application form for Multipurpose Health Workers (Female)  
/ ANM Course Supplementary Examination, July, 2019

Pass port size  
photo to be  
attested by the  
Principal with seal  
of the trg.  
institution

**HALL TICKET NUMBER**

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**Course Year**  
(Please tick )

<b>1<sup>st</sup> Year</b>	<input type="checkbox"/>
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<b>2<sup>nd</sup> Year</b>	<input type="checkbox"/>
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1. Name of the candidate  
(as per SSC Certificate)

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2. Name of the Father / Guardian :

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3. Postal Address

H.No:	
Village:	
Mandal:	
District:	
Mobile:	

4. Date of Birth  
(as per SSC Certificate)

Date	Month	Year

5. Identification Marks  
As per SSC Certificate

1)	
2)	

6. Name of the Institution  
Where candidate underwent  
Training

Name of Inst. \_\_\_\_\_  
Village / Town \_\_\_\_\_  
District \_\_\_\_\_  
Pincode \_\_\_\_\_

7. Period of Training

From 

Date	Month	Year

 To 

Date	Month	Year

8. Particulars of Examination Fees  
paid  
(To be enclosed in original)

Bank Draft No.	Date	Place	Amount

9. Details of last Examination appeared and Failed

**EXAMINATION APPEARED**

Paper / Papers in which she appeared	:	Month	Year	Hall-Ticket No.	Result

10. Paper / Papers in which the Candidate now desires to appear in the Examination

Paper-I	<input type="checkbox"/>	Paper-V	<input type="checkbox"/>	Practical-I	<input type="checkbox"/>
Paper-II	<input type="checkbox"/>	Paper-VI	<input type="checkbox"/>	Practical-II	<input type="checkbox"/>
Paper-III	<input type="checkbox"/>			Practical-III	<input type="checkbox"/>
Paper-IV	<input type="checkbox"/>			Practical-IV	<input type="checkbox"/>

( Please tick  the applied subject)

11. The attested copy of previous Memorandum of marks enclosed

Yes  No

**DECLARATION OF THE CANDIDATE**

I solemnly and sincerely do affirm that the particulars furnished by me as above are true and correct to the best of my knowledge and belief. I have not kept any information secret, should it be however be found that any information furnished here is fraudulent, incorrect, untrue, I realize that I am liable for prosecution and also agree to forego my examination.

Place:  
Date:

Signature of the candidate

**CERTIFICATE OF THE PRINCIPAL OF THE INSTITUTION**

1. Certified that Kum \_\_\_\_\_, D/o. \_\_\_\_\_ have undergone 2 Years training course of MPHWH (Female) from this institution \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_
2. Certified that the necessary and relevant documents have been enclosed. Non-submission of any of the required certificates, the application of the candidate shall be rejected without assigning any reasons there on.
3. Certified that the information furnished here with and in the enclosed statement is true to the best of my knowledge and in case, any information furnished therein is fraudulent, incorrect in material particulars, necessary action shall be initiated against me and against the Training Institution

Signature of the Principal  
With official stamp

Date:

**FOR OFFICE USE ONLY**

**CHECK LIST**

- |   |   |           |                    |
|---|---|-----------|--------------------|
| 1 | All columns filled                                  |           | Yes / No           |
| 2 | Signature of the candidate and the Principal        |           | Yes / No           |
| 3 | Photo attested by the Principal on application form |           | Yes / No           |
| 4 | Valid Bank Draft enclosed                           |           | Yes / No           |
| 5 | Checked by:   | Signature | Name & Designation |
| 6 | Verified by:  | Signature | Name & Designation |
| 7 | Relevant documents furnished                        |           | Yes / No           |

Hall Ticket may be Issued / Rejected

Officer's Signature