

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

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

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

**HALL TICKET NUMBER**

--

**Applying for**  
(Please tick ☒)

Regular

☐

Supplementary

☐

**Course Year**  
(Please tick ☒)

**1<sup>st</sup> Year**

☐

**2<sup>nd</sup> Year**

☐

1.Name of the candidate  
(as per SSC Certificate)


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	<table border="1" style="width: 100%; text-align: center;"> <tr><td></td></tr> </table>		<table border="1" style="width: 100%; text-align: center;"> <tr><td></td></tr> </table>		<table border="1" style="width: 100%; text-align: center;"> <tr><td></td></tr> </table>		To	<table border="1" style="width: 100%; text-align: center;"> <tr><td></td></tr> </table>		<table border="1" style="width: 100%; text-align: center;"> <tr><td></td></tr> </table>		<table border="1" style="width: 100%; text-align: center;"> <tr><td></td></tr> </table>	
	Date	Month	Year		Date	Month	Year						

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

:

Bank Draft No.	Date	Place	Amount
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9. Attendance (Minimum 75% of attendance)

Paper I \_\_\_\_\_  
 Paper II \_\_\_\_\_  
 Paper III \_\_\_\_\_  
 Paper IV \_\_\_\_\_  
 Paper V \_\_\_\_\_  
 Paper VI \_\_\_\_\_

10.	Details of Practical Trainings (Internship)	PHC / Sub- Centre UPWC / PP Unit / Hospital
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:

Name	Place	From Date	To Date	Subject

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

:

1 <sup>st</sup> Year	
	Paper-1
	Paper-2
	Paper-3
	Paper-4
	Practical-1
	Practical-2

2 <sup>nd</sup> Year	
	Paper-5
	Paper-6
	Practical-3
	Practical-4

( Please tick ☒ the applied subject)

### 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

**\* Note:** The Principals are hereby instructed to fill up the details of the candidates and other relevant information in the given hall ticket mentioned therein, as given below and furnishes the same without fail.

### CERTIFICATE OF THE PRINCIPAL OF THE INSTITUTION

1. Certified that Kum \_\_\_\_\_, D/o. \_\_\_\_\_ have undergone 2 Years training course of MPH (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

**COMMON BOARD OF EXAMINATIONS FOR MULTIPURPOSE HEALTH  
WORKERS (FEMALE) A.P.: GOLLAPUDI::AMARAVATHI  
EXAMINATIONS TO BE HELD DURING DECEMBER, 2019**

Affix Pass port  
size photograph  
to be attested by  
the Secretary  
Examinations

**HALL TICKET**

**HALL TICKET NUMBER**

1. Name of the Candidate :  
As per SSC  
(in Capital Letters)
2. Father's name :
3. Date of Birth :
4. Name of the Institution where the :  
candidate studied
5. District Centre where authorized to :  
appear for examinations
6. Papers in which appearing ☐ Regular ☐ Supplementary

1 <sup>st</sup> Year		
	Paper-1	
	Paper-2	
	Paper-3	
	Paper-4	
	Practical-1	
	Practical-2	

2 <sup>nd</sup> Year		
	Paper-5	
	Paper-6	
	Practical-3	
	Practical-4	

**Signature of the Candidate**

**Secretary  
Board of MPH (Female) Examinations**

**INSTRUCTIONS TO THE CANDIDATE**

1. Candidates shall use Ink / Ball-point Pens (Blue / Black)
2. Candidates shall not write their name on any of the answer script. The Hall-Ticket number should be written only on the first page in the Block provided on the answer script. Hall Ticket number should not be written on any other pages including the additional answer sheets.
3. No candidate shall be allowed in the Examination Hall with books and other written materials
4. Candidates shall be allowed (15) Fifteen minutes late in the Examination Hall after the commencement of the scheduled time. They shall be allowed to leave the Hall (1) One Hour before the closure of the scheduled time.
5. Candidates should bring their Practical Records for the Practical Examination.
6. Candidates found malpractising or copying from other candidates answer script shall be debarred for the Paper and the rest of the examinations there of.

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