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

Application form for Multipurpose Health Workers (Female)
Training Course Examinations to be held on JUNE, 2018

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

Application form for Old Syllabus Supplementary Candidates (1 ½ Year Course)

|                                   | HALL TICKET NUMBER  |   |   |      |    |       |         |    |   |  |          |     |       |   |     |
|-----------------------------------|---|---|---|------|----|-------|---------|----|---|--|----------|-----|-------|---|-----|
|                                   | I.Name of the candidate as per SSC Certificate)                                       |   |   |      |    |       |         |    |   |  |          |     |       |   |     |
| 2.Name of the Father / Guardian : |   |   |   |      |    |       |         |    |   |  |          |     |       |   |     |
|                                   | 3.Postal Address  |   | H.No:<br>Village:<br>Mandal<br>District:<br>Mobile: | :    |    |       |         |    |   |  |          |     |       |   |     |
| 4.                                | Date of Birth (as per 10 <sup>th</sup> Class Certificate)                             | : |   | Date |    | Month |         |    |   |  | Year     |     |       |   |     |
| 5.                                | Identification Marks (as per SSC certificate)   | : | 1) 2)   |      |    |       |         |    |   |  | <u>'</u> |     |       |   |     |
| 6.                                | Name of the Institution Where candidate underwent Training                            | : | Name of Inst Village / Town District Pincode        |      |    |       |         |    |   |  |          |     |       |   |     |
| 7.                                | Period of Training  | : | From  | Date | Mo | onth  | Year    | To | 0 |  | ate      | T N | 1onth | Y | ear |
| 8.                                | Period of Extra Training and attendance for Two months                                | : | From  | Date | Mo | onth  | Year    | To | 0 |  | ate      | I N | 1onth | Y | ear |
| 9.                                | Medium in which the candidate desires to appear for examinations  ( Please tick (✓) ) | : | Telugu  |      |    |       | English |    | ] |  |          |     |       |   |     |

| 10.                          | Particulars of Examination Fees   | :                    | Bank Draft No.   | Date       | Place              | Amount |  |  |  |  |  |
|------------------------------|---|----------------------|------------------|------------|--------------------|--------|--|--|--|--|--|
|                              | paid  |                      |                  |            |                    |        |  |  |  |  |  |
|                              | (To be enclosed in original)  |                      |                  |            |                    |        |  |  |  |  |  |
|                              |   |                      |                  |            |                    |        |  |  |  |  |  |
| 11.                          | 11. Details of last Examination appeared and Failed or Absent.  |                      |                  |            |                    |        |  |  |  |  |  |
|                              |   | EXAMINATION APPEARED |                  |            |                    |        |  |  |  |  |  |
|                              | Paper / Papers in which she   | :                    | Month            | Year       | Hall-Ticket No.    | Result |  |  |  |  |  |
|                              | appeared  |                      |                  |            |                    |        |  |  |  |  |  |
|                              |   |                      |                  |            |                    |        |  |  |  |  |  |
|                              |   |                      |                  |            |                    |        |  |  |  |  |  |
|                              |   |                      |                  |            |                    |        |  |  |  |  |  |
| 12.                          | Paper / Papers in which the Candidate now desires to appear in the Examination  | :                    | Paper-I Theory   | Paper-I Pr | actical            |        |  |  |  |  |  |
|                              |   |                      | Paper-II Theory  | Paper-II P | ractical           |        |  |  |  |  |  |
|                              |   |                      | Paper-III Theory |            |                    |        |  |  |  |  |  |
|                              | (Please tick (✓) the applied subject)   |                      |                  |            |                    |        |  |  |  |  |  |
| 13.                          | The attested copy of previous   | :                    | Yes No           |            |                    |        |  |  |  |  |  |
|                              | Memorandum of marks   |                      |                  |            |                    |        |  |  |  |  |  |
|                              |   |                      |                  |            |                    |        |  |  |  |  |  |
| 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:  |                      |                  | <b>-</b> . |                    |        |  |  |  |  |  |
|                              | Date:   |                      |                  | Sig        | nature of the cand | didate |  |  |  |  |  |
|                              |   |                      |                  |            |                    |        |  |  |  |  |  |

### CERTIFICATE OF THE PRINCIPAL OF THE INSTITUTION

| 1.  | Certif   | ied that Kum, D   | /o                       | have undergone                |  |  |  |  |  |
|---|--|---|--------------------------|-------------------------------|--|--|--|--|--|
|   | 18 m   | onths training course of MPHW (Female) fr   | om this institution $\_$ |                               |  |  |  |  |  |
| •   |  | To  |                          | t to the the constitution for |  |  |  |  |  |
| 2.  |  | ied that the extra attendance of Two months the relevant certificate is enclosed herewi |                          | t in by the candidate, for    |  |  |  |  |  |
| 3.  |  | ied that the necessary and relevant docu  |                          | enclosed Non-submission       |  |  |  |  |  |
| J.  |  |   |                          |                               |  |  |  |  |  |
|   | of any of the required certificates, the application of the candidate shall be rejected without assigning any reasons thereof. |   |                          |                               |  |  |  |  |  |
| 4.  |  |   |                          |                               |  |  |  |  |  |
|   | best   | of my knowledge and in case, any informa  | ation furnished ther     | ein is fraudulent, incorrect  |  |  |  |  |  |
|   |  | aterial particulars, necessary action sha   | ll be initiated aga      | inst me and against the       |  |  |  |  |  |
| _   |  | ing Institution   |                          |                               |  |  |  |  |  |
| 5.  |  | ied that the internal marks were already s  | ubmitted at the tim      | e of first appearance as a    |  |  |  |  |  |
|   | regul  | ar candidate.   |                          |                               |  |  |  |  |  |
|   |  |   |                          |                               |  |  |  |  |  |
|   |  |   |                          |                               |  |  |  |  |  |
|   |  |   |                          |                               |  |  |  |  |  |
|   |  |   | Sic                      | nature of the Principal       |  |  |  |  |  |
|   |  |   | •                        | With official stamp           |  |  |  |  |  |
| Da  | ate:   |   |                          |                               |  |  |  |  |  |
|   |  |   |                          |                               |  |  |  |  |  |
|   |  |   |                          |                               |  |  |  |  |  |
|   |  | FOR OFFICE US   | E ONL V                  |                               |  |  |  |  |  |
|   |  | TOR OTTICE 03   | LONLI                    |                               |  |  |  |  |  |
| CH  | HECK   | LIST  |                          |                               |  |  |  |  |  |
|   | 1  | All columns filled  |                          | Yes / No                      |  |  |  |  |  |
|   | 2  | Signature of the candidate and Principal  |                          | Yes / No                      |  |  |  |  |  |
|   | 3  | Photo attested by the Principal on applica-   | tion form                | Yes / No                      |  |  |  |  |  |
|   | 4  | 75% of minimum attendance put in  |                          | Yes / No                      |  |  |  |  |  |
|   | 5  | Practical Training  | Yes / No                 |                               |  |  |  |  |  |
| 6 Memorandum of Marks (Original) earlier attended (All Yes / No |  |   |                          |                               |  |  |  |  |  |
|   | 7  | exams) Valid Bank Draft enclosed  |                          | Yes / No                      |  |  |  |  |  |
|   | 8  | Checked by:   | Signature                | Name & Designation            |  |  |  |  |  |
|   | U  | Oncoked by:   | Oignature                | Name & Besignation            |  |  |  |  |  |
|   | 9  | Verified by:  | Signature                | Name & Designation            |  |  |  |  |  |
|   |  | ,   | 3                        | 3 3 3                         |  |  |  |  |  |
|   | 10   | Relevant documents furnished  |                          | Yes / No                      |  |  |  |  |  |
|   |  |   |                          |                               |  |  |  |  |  |
| Hall Ticket June be Issued / Rejected                           |  |   |                          |                               |  |  |  |  |  |
|   |  |   |                          |                               |  |  |  |  |  |
|   |  |   |                          |                               |  |  |  |  |  |
|   |  |   |                          | Officer's Signature           |  |  |  |  |  |
|   |  |   |                          | ooo. o oignataio              |  |  |  |  |  |

## COMMON BOARD OF EXAMINATIONS FOR MULTIPURPOSE HEALTH WORKERS (FEMALE) A.P.::GOLLAPUDI::AMARAVATHI

# EXAMINATIONS TO BE HELD DURING JUNE, 2018 HALL TICKET FOR SUPPLEMENTARY CANDIDATES

| HALL | TICKET NUMBER             |            |                  |   |              | size p | ohotograph attested by |
|------|---------------------------|------------|------------------|---|--------------|--------|------------------------|
| 1.   | Name of the Candidate     | :          |                  | _ |              |        | Secretary              |
|      | (in Capital Letters)      |            |                  |   |              | Exa    | minations              |
|      | As per SSC                |            |                  |   |              |        |                        |
| 2.   | Father's name             | :          |                  |   |              |        |                        |
| 3.   | Date of Birth             | :          |                  |   |              |        |                        |
| 4.   | Name of the Institution w | here the : |                  |   |              |        |                        |
|      | candidate studied         |            |                  |   |              |        |                        |
| 5.   | District Centre where aut | thorized : |                  |   |              |        |                        |
|      | to appear for examinatio  | ns         |                  |   |              |        |                        |
| 6.   | Paper / Papers in which   | :          | Paper-I Theory   |   | Paper-I Prac | tical  |                        |
|      | appearing (Please strike  | off        | Paper-II Theory  |   | Paper-II Pra | ctical |                        |
|      | which ever is not applica | ble)       | Paper-III Theory |   |              |        |                        |
|      |                           |            |                  |   |              |        |                        |

#### Signature of the Candidate

### Secretary Board of MPHW (Female) Examinations

#### **INSTRUCTIONS TO THE CANDIDATE**

- 1. Candidates shall use Ink / Ball-point Pens (Blue / Black)
- 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.