

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

Application form for Multipurpose Health Workers (Female)
/ ANM Course Examination, December, 2018

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

HALL TICKET NUMBER

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Applying for
(Please tick)

Regular

Supplementary

Course Year
(Please tick)

1st Year

2nd Year

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

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 To

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Date Month Year Date Month Year

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

Bank Draft No.	Date	Place	Amount

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

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)

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 MPHW (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