

OFFICE OF THE COMMISSIONER OF HEALTH & FAMILY WELFARE: A.P. : AMARAVATHI

Rc.No. 434/RHS-D/2016

Dated:17.11.2016

Sub:- CH&FW – Board of Examination for MPHw (F) Training Course – Conduct of MPHw(F) training course old pattern and new pattern Examinations during December, 2016 – Issuing of Notification – Regarding.

Ref:- 1.G.O.Ms.No.314, HM&FW (D2) Dept., dt:16.08.1997.
2.G.O.Ms.No.99, HM&FW (K2) Dept., dt:26.05.2014.

The Correspondents/Principals of the MPHw(F) Training Institutes (Government/Grant-in-aid/Private) in the A.P. State (As per Annexure-I) are informed that the MPHw (F) Training Course for old pattern (18 Months) and new pattern (2 years first year) Examinations scheduled to be conducted from 19.12.2016 to 24.12.2016.

The above Examinations will be conducted for the students who are failed in the previous MPHw(F) examinations if any for old pattern 1 ½ year course supplementary and also for new pattern 2 years course first year regular candidates who are completed first year MPHw(F) training course.

The schedule of the examinations is as follows:

Old pattern (1 ½ year course supplementary)	New pattern (2 years course first year first regular batch)	Theory	Practicals (old pattern)	Practicals (New pattern)
Paper – I Fundamentals of Nursing I & II	Paper.I Community Health Nursing	19-12-2016 (11 AM to 2 PM)	23-12-2016 (10 AM to 5 PM) (Paper.I subject)	23-12-2016 (10 AM to 5 PM) (Paper.I & II subjects)
Paper – II Community Health Nursing I (Midwifery)	Paper.II Health Promotion	20-12-2016 (11 AM to 2 PM)	24-12-2016 (10 AM to 5 PM) (Paper.II subject)	24-12-2016 (10 AM to 5 PM) (Paper.IV subject)
Paper-III Community Health Nursing II & III	Paper.III Primary Health Care Nursing	21-12-2016 (11 AM to 2 PM)		
	Paper.IV Child Health Nursing	22-12-2016 (11 AM to 2 PM)		

Examination Fee structure is as follows:

- 1) For Regular Candidates – Rs.500/- per candidate
- 2) For Supplementary Candidates – Rs.500/- per candidate

The above fee should be remitted by way of Demand Draft drawn in favor of **“The Commissioner of Health & Family Welfare, A.P., Gollapudi, Amaravathi”** in any nationalized bank on or **before 07.12.2016**. Fees once paid will not be refunded or adjusted under any circumstances. No Extra amount will be accepted, other than the list of candidates submitted.

IMPORTANT DATES TO REMEMBER:

1.	Submission of On line Examination applications in the website	21.11.2016 to 03.12.2016
2.	Last date for submission of downloaded applications along with fee and required documents in this office	07.12.2016 by 5.00 P.M.
3.	Downloading of Hall tickets are from	15.12.2016

IMPORTANT POINTS TO FOLLOW:

- **The MPHW (F) Training Course Examination applications of the regular candidates if any, should be submitted along with the Internal assessment marks at the time of submission of downloaded applications in a sealed cover. Other wise the applications will not be accepted.**
- **No institution shall submit average internal marks of the total students more than 75% i.e., if 40 students are admitted in a course the average score of the 40 students shall not exceed 75% of total internal marks as per the INC regulations. Hence, keeping in view of the above provision, submit the internal marks through on line.**
- **Then, takeout the Printout of the application forms, enclose the examination fee of the students of training institute (Original Demand Draft) along with required documents to the application i.e., for regular candidates - Original Selection List approved by the District Selection committee, copy of SSC Certificate and Intermediate pass certificate, Hospital and community training certificate and for supplementary candidates - Copies of the hall ticket and marks memo / downloaded marks memo of the last examination attended in respect of supplementary candidates should be submitted to this office on or before .11.2016 by 5.00 P.M**

Further, the Principals of Govt./Private MPHW (F) Training Institutes should also follow the following instructions scrupulously.

- 1) All the applications should have the enclosures as noted in the application form. Incomplete and incorrect applications will be summarily rejected.
- 2) As per the examination schedule, the candidates should produce their practical Record at the examination center concerned in respect of regular candidates.
- 3) The Principals of Government and Private MPHW (F) Training Institutes are informed that proper care should be taken while filling up the Application form **Online**.
- 4) All the Principals of Govt./Private MPHW (F) Training Institutes are instructed to submit the Attendance Certificate for both theory and Practical's of the students of their concerned institutes along with hard copy of the examination applications without fail in respect of regular candidates. Further, they are also informed in respect of regular candidates unless the internal Assessment marks are submitted, the applications will not be accepted. They are also informed that if any student fails in Internal Assessment Marks of any subject such student is not allowed to write the examination for that subject only. If such a case caution to be taken while filling up of the application for appearing other subjects.
- 5) Further, it is also informed that if any supplementary candidate name is not available in the on line, manual application has to be submitted along with necessary enclosures.

Further, they are informed that the Hall tickets for the eligible candidates to appear for the examinations will be issued as per the Indian Nursing Council Regulations, New Delhi.

**Sd/- Samuel Anand Kumar, IAS
Commissioner of Health & Family Welfare**

**Note:- Important instructions
in Annexures - I,II and III**

If the exam applications are not accepted in online then submit in offline (manually).

To

All the Principals of Govt. MPHW (F) Training Institutes in the state through CH&FW web site.

Copy to the All the Correspondents / Principals of Private MPH (F) Training Institutes in the State with a request to Log on web site <http://cfw.ap.nic.in>

Copy to the all the District Medical & Health Officers in the State with a request to communicate the same to the MPH (F) Training Institutes in the district.

Copy to the stock file.

NOTIFICATION

THE MPHWS (F) TRAINING COURSE EXAMINATIONS FOR OLD PATTERN (1 ½ YEAR COURSE SUPPLEMENTARY CANDIDATES) AND NEW PATTERN (2 YEARS COURSE FIRST YEAR FIRST REGULAR BATCH) IN DECEMBER, 2016 WILL BEGIN FROM 19-12-2016 AND THE LAST DATE FOR PAYMENT OF EXAMINATION FEE AND SUBMISSION OF ONLINE EXAMINATION APPLICATIONS THROUGH THIS OFFICE WEBSITE IS 03-12-2016 & SUBMISSION OF DOWNLOADED EXAM. APPLICATIONS ALONG WITH ENCLOSURES TO THIS OFFICE IS 07-12-2016.

FOR DETAILED NOTIFICATION LOG ON TO OFFICIAL WEB SITE OF CH&FW.,A.P., AMARAVATHI.

<http://cfw.ap.nic.in>

Sd/- Samuel Anand Kumar, IAS
Commissioner of Health & Family Welfare

ANNEXURE-I***District wise list of MPHW (F) Training Institutions with User ID & Password***

Sl. No.	Institute Code (User ID)	Institute Password	Name of the MPHW (F) Training Institute	Examination Centre	Name of the District
1	101	101	Sarojanamma MPHW (F) Training Institute, Narasannapeta	Srikakulam	Srikakulam
2	102	102	Pyditalli Memorial MPHW (F) Training Institute, Srikakulam	Srikakulam	Srikakulam
3	103	103	Nagavali Educational Society MPHW (F) Training Institute, Rajam	Srikakulam	Srikakulam
4	104	104	Ravi Teja Para Medical MPHW(F) Training Institute, Srikakulam	Srikakulam	Srikakulam
5	105	105	Good Health MPHW (F) Training Institute, Balaga Area, Palakonda Road, Srikakulam	Srikakulam	Srikakulam
6	106	106	Sri Satya Sai MPHW (F) Training Institute, Tekkali	Srikakulam	Srikakulam
7	107	107	Narayana MPHW (F) Training Institute, Palakonda Road, Srikakulam	Srikakulam	Srikakulam
8	201	201	Kasturi Bai MPHW (F) Training Institute, Peddaboddepally	Visakhapatnam	Visakhapatnam
9	202	202	Mother Theresa MPHW (F) Training Institute, Payakaraopeta	Visakhapatnam	Visakhapatnam
10	203	203	Government Regional Training Centre (F), Visakhapatnam	Visakhapatnam	Visakhapatnam
11	204	204	Sri Surya MPHW (F) Training Institute, Bheemunipatnam	Visakhapatnam	Visakhapatnam
12	205	205	Venkateswara MPHW (F) Training Institute, Narsipatnam	Visakhapatnam	Visakhapatnam
13	206	206	St.Luke's MPHW (F) Training Institute, Visakhapatnam	Visakhapatnam	Visakhapatnam
14	207	207	Government Tribal MPHW(F)Training Institute, Paderu	Visakhapatnam	Visakhapatnam
15	208	208	Sagar Durga MPHW (F) Training Institute, Visakhapatnam	Visakhapatnam	Visakhapatnam
16	209	209	Pranali MPHW (F) Training Institute, Baligattam, Narsipatnam	Visakhapatnam	Visakhapatnam
17	210	210	Beulah Institute of Health Sciences MPHW (F) Training Institute, Visakhapatnam	Visakhapatnam	Visakhapatnam
18	211	211	DMSVK MPHW (F) Trainig Institute, Visakhapatnam	Visakhapatnam	Visakhapatnam
19	212	212	St.Mary Kutty Memorial MPHW (F) Trainig Institute, Vaddadi, Buchayyapeta (M)	Visakhapatnam	Visakhapatnam
20	421	421	Sri Vijayalakshmi MPHW (F) Training Institute, Narsipatnam, Visakhapatnam	Visakhapatnam	Visakhapatnam

21	2317	2317	Indira MPHWS (F) Training Institute, Seethampeta, Visakhapatnam	Visakhapatnam	Visakhapatnam
22	301	301	DMSVK MPHWS (F) Training Institute, Vizianagaram	Vizianagaram	Vizianagaram
23	302	302	Bharatiya Mahila Kendram MPHWS (F) Training Institute, Vizianagaram	Vizianagaram	Vizianagaram
24	303	303	Sarojini Naidu MPHWS (F) Training Institute, Cheepurupally	Vizianagaram	Vizianagaram
25	304	304	Venkata Padmavathi MPHWS (F) Training Institute, S.Kota	Vizianagaram	Vizianagaram
26	305	305	Sri Satya Sai MPHWS (F) Training Institute, Vizianagaram	Vizianagaram	Vizianagaram
27	306	306	Sri Sai MPHWS (F) Training Institute, M.R.Nagaram	Vizianagaram	Vizianagaram
28	401	401	Academy of Medical Sciences MPHWS (F) Training Institute, Rajahmundry	Kakinada	East Godavari
29	402	402	Anuradha MPHWS (F) Training Institute, Kakinada	Kakinada	East Godavari
30	403	403	Bethasta MPHWS (F) Training Institute, Pithapuram	Kakinada	East Godavari
31	404	404	International MPHWS (F) Training Institute, Kakinada	Kakinada	East Godavari
32	405	405	Karuna MPHWS (F) Training Institute, Yeleswaram	Kakinada	East Godavari
33	406	406	Konaseema MPHWS (F) Training Institute, Amalapuram	Kakinada	East Godavari
34	407	407	L.C.M.Michaels MPHWS (F) Training Institute, Ramachandrapuram	Kakinada	East Godavari
35	408	408	Namratha MPHWS (F) Training Institute, Rajahmundry	Kakinada	East Godavari
36	409	409	Priyadarshini MPHWS (F) Training Institute, Rajahmundry	Kakinada	East Godavari
37	410	410	Venkata Rayudu Memorial MPHWS (F) Training Institute, Kakinada	Kakinada	East Godavari
38	411	411	Sri Raja MPHWS (F) Training Institute, Rajahmundry	Kakinada	East Godavari
39	412	412	Sri Ravi Vidya Peeth MPHWS (F) Training Institute, Kakinada	Kakinada	East Godavari
40	413	413	Srinivasa Institute of Health Sciences MPHWS (F) Training Institute, Rampachodavaram	Kakinada	East Godavari
41	414	414	Mercy MPHWS (F) Training Institute, Penuguduru, Karapa Mandal	Kakinada	East Godavari
42	415	415	Ravi Teja Paramedical Institute MPHWS (F) Training Institute, Prathipadu	Kakinada	East Godavari
43	416	416	Sharon MPHWS (F) Training Institute, A.Atchutapuram, Kakinada Rural	Kakinada	East Godavari

44	417	417	Sudha MPHWS (F) Training Institute, Dowleshwaram	Kakinada	East Godavari
45	418	418	Raj Kumar MPHWS (F) Training Institute, Dowleshwaram	Kakinada	East Godavari
46	420	420	Raghava MPHWS (F) Training Institute, Kakinada	Kakinada	East Godavari
47	422	422	Yashoda MPHWS(F) Training Institute, Kakinada	Kakinada	East Godavari
48	423	423	Jana Priya MPHWS(F) Training Institute, Kakinada	Kakinada	East Godavari
49	424	424	Neeladri MPHWS(F) Training Institute, Rampachodavaram, E.G.Dist.	Kakinada	East Godavari
50	501	501	Dr. D.S.Raju MPHWS (F) Training Institute, Tanuku	Eluru	West Godavari
51	502	502	Indian Red Cross Society MPHWS (F) Training Institute, Eluru	Eluru	West Godavari
52	503	503	Jyothi MPHWS (F) Training Institute, Tadepalligudem	Eluru	West Godavari
53	505	505	Ratna MPHWS (F) Training Institute, Koyyalagudem	Eluru	West Godavari
54	506	506	Salome MPHWS (F) Training Institute, Kovvur	Eluru	West Godavari
55	507	507	Santhi Tribal Welfare MPHWS (F) Training Institute, Vemuluru, H/o.Kovvur	Eluru	West Godavari
56	508	508	Krishnaveni Sanjeevaiah MPHWS (F) Training Institute, Bhimavaram	Eluru	West Godavari
57	509	509	Glory Mahila Seva Sadan MPHWS (F) Training Institute, Jinnur	Eluru	West Godavari
58	512	512	Karuna MPHWS (F) Training Institute, Chintalapudi	Eluru	West Godavari
59	513	513	Vijaynagesh Institute of Medical Sciences MPHWS (F) Training Institute, Denduluru	Eluru	West Godavari
60	514	514	Nissi MPHWS (F) Training Institute, Jgannadhapuram (V) T.P.Gudem (M)	Eluru	West Godavari
61	515	515	Annapoorna MPHWS (F) Training Institute, Nidadavolu	Eluru	West Godavari
62	516	516	Florence MPHWS (F) Training Institute, Eluru	Eluru	West Godavari
63	517	517	Nightingale MPHWS (F) Training Institute, Eluru	Eluru	West Godavari
64	518	518	Raja MPHWS (F) Training Institute, Jangareddygudem	Eluru	West Godavari
65	601	601	Grace MPHWS (F) Training Institute, Machilipatnam	Vijayawada	Krishna
66	602	602	Vardhan MPHWS (F) Training Institute, Vijayawada	Vijayawada	Krishna
67	603	603	Mahilabhudaya MPHWS (F) Training Institute, Gudivada	Vijayawada	Krishna
68	604	604	Nandigama MPHWS (F) Training Institute, Nandigama	Vijayawada	Krishna

69	605	605	Sarojini Naidu MPHW (F) Training Institute, Vijayawada	Vijayawada	Krishna
70	606	606	Vijay MPHW (F) Training Institute, Vijayawada	Vijayawada	Krishna
71	607	607	Vasavya MPHW (F) Training Institute, Vijayawada	Vijayawada	Krishna
72	608	608	Annapareddy Venkata Reddy Memorial MPHW (F) Training Institute, Pamaru	Vijayawada	Krishna
73	707	707	Phani MPHW (F) Training Institute, Vijayawada	Vijayawada	Krishna
74	611	611	Vijaya Institute of Medical Sciences MPHW (F) Training Institute, Vijayawada	Vijayawada	Krishna
75	701	701	Anuradha MPHW (F) Training Institute, Guntur	Guntur	Guntur
76	703	703	Chandra MPHW (F) Training Institute, Guntur	Guntur	Guntur
77	705	705	Nava Chaitanya MPHW (F) Training Institute, Narasaraopet	Guntur	Guntur
78	706	706	Navodaya MPHW (F) Training Institute, Narasaraopet	Guntur	Guntur
79	708	708	Prakasam MPHW (F) Training Institute, Tenali	Guntur	Guntur
80	709	709	Sravanthi MPHW (F) Training Institute, Bapatla	Guntur	Guntur
81	710	710	St Joseph's MPHW (F) Training Institute, Vengdla, Guntur	Guntur	Guntur
82	711	711	St.Peters MPHW (F) Training Institute, Repalle	Guntur	Guntur
83	712	712	St.Peter's MPHW (F) Training Institute, Tenali, Guntur	Guntur	Guntur
84	713	713	Swamy MPHW (F) Training Institute, Guntur	Guntur	Guntur
85	714	714	Vijaya MPHW (F) Training Institute, Guntur	Guntur	Guntur
86	715	715	Neelima MPHW (F) Training Institute, Tenali	Guntur	Guntur
87	716	716	Sruthi MPHW (F) Training Institute, Guntur	Guntur	Guntur
88	717	717	Mother Theresa MPHW (F) Training Institute, Tenali	Guntur	Guntur
89	718	718	Prasad MPHW (F) Training Institute, Gullapalli, Cherukupalli (M)	Guntur	Guntur
90	719	719	Hope MPHW (F) Training Institute, Garuvupalem	Guntur	Guntur
91	720	720	Krishnaveni MPHW (F) Training Institute, Narasaraopeta	Guntur	Guntur
92	721	721	Kaleshavalli MPHW (F) Training Institute, Narasaraopet	Guntur	Guntur
93	722	722	DMSVK MPHW (F) Training Institute, Guntur	Guntur	Guntur
94	723	723	Indian Red Cross Society MPHW (F) Training Institute, Bapatla	Guntur	Guntur
95	801	801	Annie MPHW (F) Training Institute, Chirala	Ongole	Prakasam
96	802	802	College of Medical Technology MPHW (F) Training Institute, Ongole	Ongole	Prakasam

97	803	803	Ekalavya Memorial League MPHW (F) Training Institute, Chirala	Ongole	Prakasam
98	804	804	Jamal Health Educational Foundation MPHW (F) Training Institute, Darsi	Ongole	Prakasam
99	805	805	Jhansi MPHW (F) Training Institute, Ongole	Ongole	Prakasam
100	806	806	Krupa MPHW (F) Training Institute, Chirala	Ongole	Prakasam
101	807	807	Radhika MPHW (F) Training Institute, Ongole	Ongole	Prakasam
102	809	809	Chaitanya MPHW (F) Training Institute, Ongole	Ongole	Prakasam
103	810	810	Vijaya MPHW (F) Training Institute, Pernamitta, Santhanuthalapadu (M)	Ongole	Prakasam
104	811	811	Geetha MPHW (F) Training Institute, Podili	Ongole	Prakasam
105	812	812	Vidya MPHW (F) Training Institute, Ongole	Ongole	Prakasam
106	813	813	Navodaya MPHW (F) Training Institute, Ongole	Ongole	Prakasam
107	814	814	Trinity MPHW (F) Training Institute, Prakasam Dist.	Ongole	Prakasam
108	815	815	Joe Louis MPHW (F) Training Institute, Rampatnam, Gudlur(M)	Ongole	Prakasam
109	816	816	Sri Venkateswara MPHW (F) Training Institute, Ongole	Ongole	Prakasam
110	817	817	Durga MPHW (F) Training Institute, Ongole	Ongole	Prakasam
111	901	901	A.N.C. Hospital MPHW (F) Training Institute, Nellore	Nellore	Nellore
112	902	902	Dileef MPHW (F) Training Institute, Nellore	Nellore	Nellore
113	903	903	Mary Matha MPHW (F) Training Institute, Nellore	Nellore	Nellore
114	904	904	Murali Krishna MPHW (F) Training Institute, Nellore	Nellore	Nellore
115	905	905	Nellore MPHW (F) Training Institute, Nellore	Nellore	Nellore
116	906	906	Simhapuri MPHW (F) Training Institute, Nellore	Nellore	Nellore
117	907	907	St.Joseph MPHW (F) Training Institute, Nellore	Nellore	Nellore
118	908	908	Susmitha MPHW (F) Training Institute, Nellore	Nellore	Nellore
119	909	909	Bethel MPHW (F) Training Institute, Kavali	Nellore	Nellore
120	910	910	Sri Bhargavi MPHW (F) Training Institute, Nellore	Nellore	Nellore
121	911	911	Bhargavi MPHW (F) Training Institute, Nellore	Nellore	Nellore
122	912	912	Nightingale MPHW (F) Training Institute, Gudur	Nellore	Nellore
123	913	913	Narayana MPHW (F) Training Institute, Nellore	Nellore	Nellore
124	914	914	DMSVK MPHW (F) Training Institute, Nellore	Nellore	Nellore
125	915	915	Madhavi MPHW (F) Training Institute, Naidupeta	Nellore	Nellore
126	916	916	KKR Hospital MPHW (F) Training Institute, Atmakur	Nellore	Nellore
127	917	917	Lakshmi Sireesha MPHW (F) Training Institute,	Nellore	Nellore

			Nellore		
128	918	918	Sri Padmavathi MPHWS (F) Training Institute, Nellore	Nellore	Nellore
129	1001	1001	Government MPHWS(F)Training Institute, Kadapa	Kadapa	Kadapa
130	1002	1002	Nirmala MPHWS (F) Training Institute, Kadapa	Kadapa	Kadapa
131	1003	1003	Vani MPHWS (F) Training Institute, Kadapa	Kadapa	Kadapa
132	1004	1004	Praneeth MPHWS (F) Training Institute, Pulivendula	Kadapa	Kadapa
133	1005	1005	Sri Devi MPHWS (F) Training Institute, Kamalapuram	Kadapa	Kadapa
134	1006	1006	Mahalakshmi MPHWS (F) Training Institute, Kadapa	Kadapa	Kadapa
135	1007	1007	Padmavathi MPHWS (F) Training Institute, Kadapa	Kadapa	Kadapa
136	1008	1008	Dr. William Cutting MPHWS (F) Training Institute, Jammalamadugu	Kadapa	Kadapa
137	1009	1009	Sai Vasanthi MPHWS (F) Training Institute, Buddayapalli,Kadapa	Kadapa	Kadapa
138	1010	1010	Matha MPHWS (F) Training Institute, Proddutur	Kadapa	Kadapa
139	1011	1011	Varma MPHWS (F) Training Institute, Railway Koduru	Kadapa	Kadapa
140	1012	1012	Venkateswara MPHWS (F) Training Institute, E.Nunevaripalli, Rajampet	Kadapa	Kadapa
141	1013	1013	Vijaya Prasanna MPHWS (F) Training Institute, Chennur	Kadapa	Kadapa
142	1015	1015	Bharateeya Vijnan Peetham Paramedical Training School MPHWS (F) Training Institute, Kadapa	Kadapa	Kadapa
143	1101	1101	Adarsha MPHWS (F) Training Institute, Kurnool	Kurnool	Kurnool
144	1102	1102	Government Regional Training Centre (F) Kurnool	Kurnool	Kurnool
145	1103	1103	Mahatma Gandhi MPHWS (F) Training Institute, Kurnool	Kurnool	Kurnool
146	1104	1104	Navachaitanya MPHWS (F) Training Institute, Kurnool	Kurnool	Kurnool
147	1105	1105	Sarada MPHWS (F) Training Institute, Nandyal	Kurnool	Kurnool
148	1106	1106	Vijaya Memorial MPHWS (F) Training Institute, Kurnool	Kurnool	Kurnool
149	1107	1107	Viswavani MPHWS (F) Training Institute, Nandyal	Kurnool	Kurnool
150	1108	1108	Lakshmi Vishnu Priya MPHWS (F) Training Institute, Kurnool	Kurnool	Kurnool
151	1109	1109	Mother Theresa MPHWS (F) Training Institute, Kurnool	Kurnool	Kurnool
152	1110	1110	DMSVK MPHWS (F) Training Institute, Kurnool	Kurnool	Kurnool

153	1201	1201	Government MPHWF)Training Institute, Ananthapur	Anantapur	Anantapur
154	1202	1202	Kasturi MPHWF) Training Institute, Ananthapur	Anantapur	Anantapur
155	1203	1203	Nirmala MPHWF) Training Institute, Ananthapur	Anantapur	Anantapur
156	1204	1204	Narasimha Swamy MPHWF) Training Institute, Kadiri	Anantapur	Anantapur
157	1205	1205	Mamatha MPHWF) Training Institute, Guntakal	Anantapur	Anantapur
158	1206	1206	St.Mary MPHWF) Training Institute, Ananthapur	Anantapur	Anantapur
159	1208	1208	Sri Ramyasai MPHWF) Training Institute, Guntakal	Anantapur	Anantapur
160	1209	1209	Padmavathi MPHWF) Training Institute, Guntakal	Anantapur	Anantapur
161	1210	1210	Sai MPHWF) Training Institute, Appalakunta (V) Hindupur (M)	Anantapur	Anantapur
162	1211	1211	Pragathi MPHWF) Training Institute, Muttala (V) Atmakur (M)	Anantapur	Anantapur
163	1212	1212	MASS MPHWF) Training Institute, Ananthapur	Anantapur	Anantapur
164	1213	1213	Sri Balaji MPHWF) Training Institute, Hindupur	Anantapur	Anantapur
165	1214	1214	Sri Sadguru Alli Saheb Swamy MPHWF) Training Institute, Guntakal	Anantapur	Anantapur
166	1215	1215	Sai Ram MPHWF) Training Institute, Kondaplli (V) Penukonda (M)	Anantapur	Anantapur
167	1301	1301	Government MPHWF) Training Institute, Chittoor	Tirupathi	Chittoor
168	1303	1303	RASS MPHWF) Training Institute, Tirupathi	Tirupathi	Chittoor
169	1304	1304	S.V.R.R. Government MPHWF)Training Institute, Tirupathi	Tirupathi	Chittoor
170	1305	1305	Sri Durga MPHWF) Training Institute, Murakambattu	Tirupathi	Chittoor
171	1306	1306	Padmavathi MPHWF) Training Institute, Tirupathi	Tirupathi	Chittoor
172	1307	1307	Sri Srinivasa MPHWF) Training Institute, Murakambattu	Tirupathi	Chittoor
173	1308	1308	Sri Srinivasa MPHWF) Training Institute, Tiruchanuru	Tirupathi	Chittoor
174	1309	1309	St.Mary MPHWF) Training Institute, Puttur	Tirupathi	Chittoor
175	1310	1310	Swathi MPHWF) Training Institute, Mangalam (P) Tirupathi	Tirupathi	Chittoor
176	1311	1311	Sapthagiri MPHWF) Training Institute, Tirupathi	Tirupathi	Chittoor
177	1312	1312	Balaji MPHWF) Training Institute, Tiruchanoor	Tirupathi	Chittoor
178	1313	1313	Sri Padmavathi MPHWF) Training Institute, Renigunta	Tirupathi	Chittoor
179	1314	1314	Sri Venkata Padmavathi MPHWF) Training	Tirupathi	Chittoor

			Institute, Tirupathi		
180	1315	1315	Sri Lakshmi Narayana MPHW (F) Training Institute, Puttur, Chittoor	Tirupathi	Chittoor
181	1316	1316	Sri Gnana Prasunambhika MPHW (F) Training Institute, Srikalahasti	Tirupathi	Chittoor
182	2105	2105	Apex Instt. of Medical Sciences MPHW (F) Training Institute, Tirupathi	Tirupathi	Chittoor

ANNEXURE - II

IMPORTANT POINTS TO BE FOLLOWED WHILE SUBMISSION OF MPH W (F) TRAINING COURSE EXAMINATION APPLICATIONS.

- MPH W (F) Training Course Examinations, December, 2016 downloaded applications has to be submitted to this office.
- Date for payment of fee and submission of online applications is from 21.11.2016 to 03.12.2016 and the downloaded applications should be submitted to this office on or before 07.12.2016 by 5.00 P.M.
- For regular candidates - Internal assessment marks should be submitted at the time of submission of downloaded applications in a sealed cover. Other wise the applications will not be accepted.
- Enclose the following documents for regular students to the Examination application form
 - 1.SSC/ 10th class marks memo.
 2. Intermediate pass certificate
 - 2.Transfer certificate.
 - 3.Migration certificate for the students of outside A.P. if any
 - 4.Original selection list should contain the signatures and stamps of all the committee members, such lists are only accepted. Copy of the Selection list attested by gazetted officer on each page along with signature of the correspondent.
 6. Signature of the student on the application.
 7. Photos on the applications with the signature of the concerned institute Principal with seal.
 8. All the copies of the certificates should be attested by the concerned principal of training institute and enclose to the application.
- Enclose the following documents for Supplementary students to the Examination application form
 1. Copy of the hall ticket
 2. Copy of Marks memo/Downloaded marks memo. of last examination attended
 3. Signature of the student on the application.
 4. Photos on the applications with the signature of the concerned Principal of training institute with seal.
 5. All the copies of the certificates should be attested by the concerned principal of training institute and enclose to the application.

ANNEXURE – III

INSTRUCTIONS TO THE PRINCIPALS OF GOVT. & PRIVATE MPH W (F) TRAINING INSTITUTES FOR SUBMISSION OF ON-LINE EXAMINATION APPLICATIONS

1. Submission of particulars of the students through online only for once. No permission is given for correction.
2. Please log on to official website of CH&FW i.e. <http://cfw.ap.nic.in>
3. Please log in with your User ID (Institute Code) and Password which is available in the notification and click on Login button.

Login

Institute Code:

Password:

Login

4. Please fill up the institution details correctly. These details will appear in the Examination application form. After filling up the details click on “**continue**” button

MPHW INSTITUTE DETAILS

Name of the School

Contact Person Name

Address

Address

Address

Office Phone

Mobile

Fax

Gmail E-Mail (Only gmail.com)

Continue

5. Specific options are given on the screen for “**Regular Candidates**” and “**Supplementary Candidates**” and select the appropriate option on the screen.
for Ex : **Regular Candidates:** click on **Regular Application** button for application for regular candidates. After filling up of all columns in application form and after submission application number will be provided. Application number is the future reference for take out the print out of the application (press button “Regular Filled Application Print”)

After submitting all the regular applications of the particular institute, then click on “**list of regular submitted application**” for list

Regular Candidates	Supplementary Candidates
Regular Application	
Regular Filled Application Print	
List of Regular Submitted Application	

For Supplementary candidates: click on “**supplementary application**” button, then the list of candidates along with hall ticket numbers will appear on the screen, click on the hall ticket number of the candidates for submission of application of the candidates. After filling up of all columns in application form and after submission application number will be provided. Application number is the future reference for take out the print out of the application (press button “Supplementary Filled Application Print”)

After submitting all the supplementary applications of the particular institute, then click on **“list of supplementary submitted application”** for list

Regular Candidates	Supplementary Candidates
	Supplementary Application
	Supplementary Filled Application Print
	List of Supplementary Submitted Application

6. The application number generated can be used for taking out any subsequent printouts of the application for regular and as well as supplementary.

Your Application No :44

Note : Application No Is The Future Reference To Take Out The Print Out

~ ~ ~

Application No	<input type="text"/>
<input type="button" value="Submit"/>	

7. For regular students while entering their names only name should be typed as per SSC record only and prefix like Mr. /Mrs./Miss./ Kum. Should not be typed.
8. All the blanks in the application form should be filled up to obtain a printout. There is no provision for editing. Hence, the Institute authorities are instructed to be careful while typing the particulars in the on-line form.
9. Entry of Internal Assessment marks in the online is compulsory, otherwise applications will not be accepted through online.
- 10.The final printout is available only on Pdf format. Hence, you are instructed to download Acrobat Reader. (<http://get.adobe.com/reader/>)

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 Dec, 2016

Pass port size
photo to be
attested by the
Principal

Application form for Regular Candidates Only

HALL TICKET NUMBER

1. Name of the candidate : _____
(In Capital Letters)
as per SSC

2. Father's name :

3. Educational Qualifications

4. Residential Address : House No. _____
Street _____
Village / Town _____
Mandal _____
District _____
Pin code _____

5. Date of Birth :

Date	Month	Year

6. Identification Marks : 1)
2)

7. Name of the Institution : Name of Inst. _____
Where candidate underwent Village / Town _____
Training District _____
Pincode _____

8. Period of Training : From

Date	Month	Year

 To

Date	Month	Year

9. Attendance (Minimum 75% of attendance) Sciences
Paper I _____
Paper II _____
Paper III _____

10.	Details of	PHC / Sub-	Name	Place	From Date	To Date	Subject
	Practical	Centre					
	Trainings	UPWC / PP					
		Unit /					
		Hospital					

11. Medium in which the candidate :
desires to appear for Telugu
examinations English

Please tick (✓)

12. Particulars of Examination Fees : Bank Draft No. Date Place Amount
paid
(To be enclosed in original)

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 12 months training course of MPH (Female) from this institution _____ and has put in attendance of % for Theory, Practicals, Field Work as specified below:

a) No. of Class held during

TheoryPracticalsFieldsTotal

12 months course:

b) No. attended by the candidate

c) % of attendance
2. Certified that she has completed her record of practicals and it shall be produced at the time of Practical Examination
3. Certified that the trainee's conduct and character has been found satisfactory during period of training
4. Certified that the candidate has successfully completed the Urban and Rural field training and the relevant certificates are enclosed herewith.
5. Certified that the Selection list of the candidates admitted for training course of 12 months as approved by the Selection Committee is enclosed herewith.
6. Certified that the internal marks are enclosed
7. Certified that the necessary and relevant documents have been enclosed. Non-submission or any of all the required certificates the application of the candidate shall be rejected without assigning any reasons thereof.
8. 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 the Training Institution

Signature of the Principal

With official stamp

Date:

FOR OFFICE USE ONLY

CHECK LIST

1	All columns filled		Yes / No
2	Selection Candidate is approved by committee		Yes / No
3	Signature of the candidate and Principal affixed		Yes / No
4	Photo attested by the Principal on application form		Yes / No
5	She has put in 75% of attendance		Yes / No
6	Practical Training		Yes / No
7	Valid Bank Draft enclosed		Yes / No
8	Extra (2) photos submitted		Yes / No
9	Internal marks		
10	Checked by:	Signature	Name & Designation
11	Verified by:	Signature	Name & Designation
12	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, 2016**

ORIGINAL

HALL TICKET FOR REGULAR CANDIDATES

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.

Paper / Papers in which appearing
(Please strike off which ever is not
applicable)

:

Paper .I / Paper II / Paper III / Paper.IV
Theory Theory Theory Theory
Practical Practical

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

Signature of the Candidate

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

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

ORIGINAL

EXAMINATIONS TO BE HELD DURING DECEMBER, 2016

HALL TICKET FOR REGULAR CANDIDATES

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.

Paper / Papers in which
appearing (Please strike off which
ever is not applicable)

:

Paper I/ Paper II / Paper III / Paper.IV
Theory Theory Theory Theory
Practical Practical

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

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 thereof.

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 December, 2016

Pass port size
photo to be
attested by the
Principal

Application form for Supplementary Candidates Only

HALL TICKET NUMBER

--

1. Name of the candidate : _____
(In Capital Letters)
as per SSC

2. Father's name :

3. Residential Address : House No. _____
Street _____
Village / Town _____
Mandal _____
District _____
Pin code _____

4. Date of Birth :

Date	Month	Year

5. Identification Marks : 1)
2)

6. Name of the Institution : Name of Inst. _____
Where candidate underwent Village / Town _____
Training District _____
Pincode _____

7. Period of Training : From

Date	Month	Year

 To

Date	Month	Year

8. Period of Extra Training and attendance for Two months : From

Date	Month	Year

 To

Date	Month	Year

9. Medium in which the candidate :
desires to appear for Telugu
examinations English

Please tick (✓)

10. Particulars of Examination Fees : Bank Draft No. Date Place Amount
paid

--	--	--	--

(To be enclosed in original)

11. Details of last Examination appeared and Failed or Absent.

EXAMINATION APPEARED

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

12. Paper / Papers in which the Candidate now desires to appear in the Examination : Paper I P / T
Paper II P / T
Paper III

(strike off which ever not
necessary)

13. Enclosed the Memorandum of
marks in original

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 18 months training course of MPHWS (Female) from this institution _____
From _____ To _____
2. Certified that the extra attendance of Two months has been put in by the candidate, for which the relevant certificate is enclosed herewith.
3. Certified that the necessary and relevant documents have been enclosed. Non-submission or any of all the required certificates the application of the candidate shall be rejected without assigning any reasons thereof.
4. 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 the Training Institution
5. Certified that the internal marks were already submitted at the time of first appearance as a regular candidate.

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 Principal	Yes / No
3	Photo attested by the Principal on application 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 exams)	Yes / No
7	Valid Bank Draft enclosed	Yes / No
8	Checked by: _____	Signature Name & Designation
9	Verified by: _____	Signature Name & Designation
10	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**

ORIGINAL

EXAMINATIONS TO BE HELD DURING DECEMBER, 2016

HALL TICKET FOR SUPPLEMENTARY CANDIDATES

HALL TICKET NUMBER

1.

Name of the Candidate
(in Capital Letters)
As per SSC

:
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.

Paper / Papers in which
appearing (Please strike off which
ever is not applicable)

:

Paper I / Paper II / Paper III
Theory Theory
Practical Practical

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

Signature of the Candidate

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

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

DUPLICATE

EXAMINATIONS TO BE HELD DURING DECEMBER, 2016

HALL TICKET FOR SUPPLEMENTARY CANDIDATES

HALL TICKET NUMBER

1.

Name of the Candidate
(in Capital Letters)
As per SSC

:
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.

Paper / Papers in which
appearing (Please strike off which
ever is not applicable)

:

Paper I / Paper II / Paper III
Theory Theory
Practical Practical

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

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 thereof.

**Two years MPHWF training course as per G.O.Ms.No.99HM&FW (K2) Deptt.
Dt.26-5-2015.**

Duration of the Course:

The total duration of the course is 2 years (18 months + 6 months internship)

First year:

Total weeks - 52 weeks

i) Vacation - 4 weeks
 ii) Gazetted holiday - 2 weeks
 iii) Preparatory holidays and examination - 3 weeks
 iv) Teaching hours in weeks - 43 weeks
 (Total teaching hours = 43 weeks X 40 hours/week = 1720 hours)
 Total weeks - 52 weeks

**INC guidelines regarding Examination in the G.O.Ms.No.99HM&FW (K2) Deptt.
Dt.26-5-2015.**

- 1.Examination shall be conducted by the CH&FW / DME after completion of one year MPHWF training course.
- 2.Maximum no. of attempts for each paper is 3 including first attempt.
- 3.Maximum duration of the completion of the MPHWF training course is 4 years.
- 4.A candidate failing in more than one subject shall not be permitted to the next year.
- 5.No candidate shall be permitted to appear in the 2nd year examination unless the candidate passes the first year examination.

Course of Study

	Nursing Course	Class room hours			Experience		
S.No .	Course title and description	Theory	Demonstration	Total hours	Hospital	Community	Total hours
I	Community Health Nursing	120	50	170	10	100	110
II	Health Promotion	120	75	195	20	180	200
	a.Nutrition	35	20	55			
	b.Human body & hygiene	35	20	55			
	c.Environmental Sanitation	20	15	30			
	d.Mental Health	30	10	40			
III	Primary Health Care Nursing – I	130	150	280	90	300	390
	a.Infection and Immunization	25	20	45			
	B.Communicable diseases	40	25	65			
	c.Community health problems	30	50	80			
	d.Primary Medical Care	20	20	40			
	e.First aid and referral	25	35	60			
IV	Child Health Nursing	75	110	185	80	100	180
	Total hours:	455	385	835	200	680	880

Total hours of first year MPHWF training course = **1720 hours.**

Scheme of Examination(first year)

Theory and Practical Examinations at the end of the first year MPHWF training course:

S.No.	Paper	Course	External assessment marks	Internal assessment marks	Duration of hours
1	Paper.I (Theory)	Community Health Nursing	75	25	3 hours
2	Paper.II Theory	Health Promotion	75	25	3 hours
3	Paper.III theory	Primary health care nursing	75	25	3 hours
4	Paper.IV theory	Child Health Nursing	75	25	3 hours
5	Practical.I	Community Health Nursing and Health Promotion	100	100	
6	Practical.II	Child Health Nursing	100	100	
		Total:	500	300	

Grand total marks for first year MPHWF training course = 800 marks.

Second year (including internship):

Total weeks - 52 weeks

- i)Vacation - 4 weeks
 - ii)Gazetted holiday - 2 weeks
 - iii)Preparatory holidays and examination - 2 weeks
 - iv)Teaching hours in weeks - 44 weeks
- (Total teaching hours = 44 weeks X 40 hours/week = 1760 hours)

Total weeks - 52 weeks

Course of Study

Second year (first 6 months)

	Nursing Course	Class room hours			Experience		
S.No.	Course title and description	Theory	Demonstration	Total hours	Hospital	Community	Total hours
V	Midwifery	200	160	360	220	160	380
VI	Health Centre Management	40	40	80		60	60
	Total hours	240	200	440	220	220	440

Total hours = 880 hours.

Second year (Internship period)

	Nursing Course	Experience		
S.No.	Course title and description	Hospital	Community	Total hours
I	Midwifery	240	240	480
	a.Antenatal ward	40		
	b.Intranatal / labour room	120		
	c.Post natal ward	40		
	d.Neonatal care unit	40		

II	Child Health	80	160	240
III	Community Health & Health Centre Management		160	160
	Total Hours:			880

Total = 880 hours in the internship period

Grand total – 1760 hours.

Guidelines for Internship:

a.The ANM students (in a group of 4-5) should be posted in the subcentre / primary health centre with a regular ANM for one month / 4 weeks for supervised independent practice in the community which should be residential.

b.The students should participate in all the national health and family welfare programmes during their clinical experience.

c.At least 80% of all the clinical requirement should be completed before appearing for the final (second year) examination.

d.The Principal of the ANM school should certify for each student that she has undergone successfully the internship programme, 100% clinical requirements and acquired the requisite competencies as listed in the syllabus before the award of the certificate / diploma by the state nursing councils / examination boards.

e.The case book and competency record book should be completed and signed by the competent authority of the school.

Scheme of Examination(second year)

Theory and Practical Examinations at the end of the second year MPHWF training course:

S.No.	Paper	Course	External assessment marks	Internal assessment marks	Duration of hours
1	Paper.V Theory	Midwifery	75	25	3 hours
2	Paper.VI Theory	Health center management	75	25	3 hours
3	Practical.III	Midwifery	100	100	
4	Practical.IV	Primary Health care and health centre management	100	100	
		Total:	350	250	

Grand total for second year = 600 marks.

Venue for Practical Examination:

1.Govt. District Hospital only (if the district hospital isnot having school or college of nursing attached to the district hpl.) even lthen practical examination of second year ANM students should be conduct at district hpl.

2.All the ANM schools run by Govt. or private schools in the districts, their examination should be conducted in district hpl.

3.If large no. of private schools exist in the district, proper planning and phasing to be done by examination board to cover all students.

COMMISSIONER OF HEALTH AND FAMILY WELFARE, ANDHRA PRADESH, GOLLAPUDI,
AMARAVATHI
First year Multipurpose Health Worker(Female)Training Course Examination held in
December 2016.
MEMORANDUM OF MARKS.

Roll No: _____ Dated: -12-2016
Name of the Candidate: _____
Father's Name: _____
Name of the Institution: _____
District: _____

Paper	Subjects		Maximum Marks	Pass Marks	Marks Obtained	Result
Paper-I Theory	Community Health Nursing	Int. Theory	25			
		Ext. Theory	75			
	PAPER – I	TOTAL	----->	100	50	
Paper-II Theory	Health Promotion.	Int.Theory	25			
		Ext.Theory	75			
	PAPER-II	TOTAL	----->	100	50	
Paper-III Theory	Primary Health Care Nursing	Int. Theory	25			
		Ext.Theory	75			
	PAPER-III	TOTAL	----->	100	50	
Paper-IV Theory	Child Health Nursing	Int.Theory	25			
		Ext. Theory	75			
	PAPER-IV	TOTAL	----->	100	50	
PRACTI- CAL-I	Community Health Nursing and health Promotion	Int.Practical	100	50		
		Ext.Practical	100	50		
	PRACTICAL-I	----->	200	100		
PRACTI- CAL-II	Child Health Nursing	Int.Practical	100	50		
		Ext.Practical	100	50		
	PRACTICAL-II	----->	200	100		
GRAND TOTAL			800	400		

Max.Internal(Theory & Practical) Marks 300
Max.External(Theory & Practical) Marks 500
Grand Total Marks 800

Marks: For each paper, the marks
required for passing shall be 50% the
aggregate (Internal and External)
Obtained Marks in Words:

Marks obtained in Words:

RESULT:

SECRETARY
Common Board of Examinations for
Multipurpose Health Workers (Female) Training Course

Distinction – Each Paper 75 and Above, First Class –Grand Total 70% and over, Second Class-60% to 69%, Third Class – Grand Total 50% to 59%

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

Rc.No.434/RHS.D/2016

Dated: 18.11.2016

Sub: MPHWH (Female) Training Course – Conduct of Examinations during December, 2016 – Request for identification of suitable examination Centre – Certain instructions issued - Reg.

Ref:- 1.G.O.Ms.No.314, HM&FW (D2) Dept., dt:16.08.1997.
2.G.O.Ms.No.99, HM&FW (K2) Dept., dt:26.05.2014.

* * * * *

The attention of the DM&HOs of A.P. mentioned in the address entry are invited to the references cited and they are informed that the MPHWH (Female) training course Examinations for the first year Regular batch (new pattern) and Supplementary candidates (old pattern) will be conducted on the following dates for awarding MPHWH (Female) Certificate by this office from the recognised Institutions.

Old pattern (1 ½ year course supplementary)	New pattern (2 years course first year first regular batch)	Theory	Practicals (old pattern)	Practicals (New pattern)
Paper – I Fundamentals of Nursing I & II	Paper.I Community Health Nursing	19-12-2016 (11 AM to 2 PM)	23-12-2016 (10 AM to 5 PM) (Paper.I subject)	23-12-2016 (10 AM to 5 PM) (Paper.I & II subjects)
Paper – II Community Health Nursing I (Midwifery)	Paper.II Health Promotion	20-12-2016 (11 AM to 2 PM)	24-12-2016 (10 AM to 5 PM) (Paper.II subject)	24-12-2016 (10 AM to 5 PM) (Paper.IV subject)
Paper-III Community Health Nursing II & III	Paper.III Primary Health Care Nursing	21-12-2016 (11 AM to 2 PM)		
	Paper.IV Child Health Nursing	22-12-2016 (11 AM to 2 PM)		

Further, they are also informed that the following districts are allotted as examination centres to conduct MPHWH(F) training course examinations old pattern i.e. supplementary candidates and new pattern i.e., regular batch w.e.f. 19.12.2016 to 24.12.2016 to the candidates of all districts mentioned as below:

S.No.	Name of the Centre	Districts allotted to the centre to write examination
1	Visakhapatnam	Srikakulam, Visakhapatnam, Vizianagaram
2	Vijayawada (Krishna district)	East Godavari, West Godavari, Krishna and Guntur
3	Nellore	Prakasam and Nellore
4	Thirupathi	Kadapa and Chittoor
5	Kurnool	Ananthapur and Kurnool

The above 5 DM&HOs which are selected to conduct MPHWH(F) examination in their districts, are requested to identify the examination centres in their respective districts like Govt. Training Institutes/Conference Halls/Schools which should have adequate facilities such as water supply, electricity, sitting arrangement etc. for conducting Theory and Practical examinations.

Further, they are also requested to nominate one of the Officer as Chief Superintendent of Examinations from among the Officer's Cadre of the Principal R.T.C. (F)/ Project Officer (DTT) / Medical Officer MPHWF (Male) Training School / District Immunisation Officer / Dy. DM&HO / Additional. DM&HO who will be responsible for conducting the examinations, collection of examination material and question papers and for submission of answer scripts along with the Practicals & Orals marks in sealed bundles to this office immediately on completion of the examinations.

Hence, the information regarding the examination centre, name of the Chief Examiner etc. should be furnished immediately through mail to jdfw_cfw@yahoo.com.

All the District Medical & Health Officers of A.P. State are requested to inform to all the Principals / Correspondents of Govt. / Grant-in-aid / Private MPHWF training schools in their respective districts regarding examination centres identified to write examination of their students in the allotted districts and also the examination notification, examination application for regular and supplementary candidates alongwith relevant information and this letter also kept in CH&FW official website i.e. cfw.ap.ni.in

This has got the approval of the Commissioner of Health & Family Welfare, AP, Gollapudi, Amaravathi.

Sd/- Dr.S.Vasantha Kumari
for Commissioner of Health & Family Welfare

To

The District Medical & Health Officers of Visakhapatnam, Vijayawada (Krishna), Nellore, Chittoor and Kurnool.