

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 st Year	
<input type="checkbox"/>	Paper-1
<input type="checkbox"/>	Paper-2
<input type="checkbox"/>	Paper-3
<input type="checkbox"/>	Paper-4
<input type="checkbox"/>	Practical-1
<input type="checkbox"/>	Practical-2

2 nd Year	
<input type="checkbox"/>	Paper-5
<input type="checkbox"/>	Paper-6
<input type="checkbox"/>	Practical-3
<input type="checkbox"/>	Practical-4

(Please tick the applied subject & Year)

Strike off which is not applicable

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

*** Instructions:**

1. Application form for 1st year & 2nd Year Exam has to be submitted separately.
2. Exam fee for 1st year and 2nd year has to be paid for the candidate separately.
3. 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.
4. Institute has to submit the applications of Supplementary candidates and applications of regular candidates Separately with Covering letter.
5. Separate covering letter should be enclosed for 1st year candidates and 2nd year candidates.

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

