

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

Rc.No.HMF04-74/2019-RHS

Dt.21-11-2022

Sub:- CH&FW – Board of Examination for MPH W (F)/ANM Course (2 Years) – Conducting of Annual Examinations of the Academic Year 2021-22 held in December-2022 – Notification Issued – Reg.

Ref:- G.O.Ms.No.99, HM&FW (K2) Dept., dt:26.05.2014.

The Correspondents/Principals of the MPH W(F) Training Institutions (Government/Grant-in-aid/Private) in the A.P. State concerned are informed that the Annual Examination for the MPH W (F)/ANM Course (for the 1st year and 2nd year) is scheduled to be conducted from 19-12-2022 to 24-12-2022.

The schedule of the examinations is as follows:

	1 st Year	2 nd Year
	Theory	
19-12-2022 Monday	Paper.I Community Health Nursing (10AM to 1PM)	Paper.V Midwifery (2PM to 5PM)
20-12-2022 Tuesday	Paper.II Health Promotion (10AM to 1PM)	Paper.VI Health Center Management (2PM to 5PM)
21-12-2022 Wednesday	Paper.III Primary Health Care Nursing (10AM to 1PM)	
22-12-2022 Thursday	Paper.IV Child Health Nursing (10AM to 1PM)	
	Practical	
23-12-2022 Friday	Practical.I Community Health Nursing and Health Promotion	Practical.III Midwifery
24-12-2022 Saturday	Practical.II Child Health Nursing	Practical.IV Primary Health Care and Health Centre Management

Examination Fee:

Rs. 500/- per candidate for each year.

The above fee should be remitted by way of Demand Draft drawn in favor of "The Commissioner of Health & Family Welfare, A.P., Gollapudi," in any nationalized bank on or **before 28-11-2022**. Application will be accepted with late fee of Rs.100/- per candidate in addition to existing fee (i.e., Rs.500/-) on 29-11-2022 and late fee of Rs.500/- per candidate in addition to existing fee (i.e., Rs.500/-) on 30-11-2022.

IMPORTANT DATES TO REMEMBER:

1.	The Application form for Feb-2022 exam will be available in website (http://cfw.ap.nic.in)	-11-2022 to 30-11-2022
2.	Last date for submission of Application (offline only) with payment of fee Rs.500/-	28-11-2022 by 5.00 P.M.
2.a	With late fee of Rs.100/-	29-11-2022 by 5.00 P.M.
2.b	With late fee of Rs.500/-	30-11-2022 by 5.00 P.M.
3.	Issuing of Hall tickets are from	12 th & 13 th , Dec.2022

IMPORTANT POINTS TO FOLLOW:

Applications called from the students on Offline only. The Application Pro-forma is available in the CH&FW, AP website. (i.e., <http://cfw.ap.nic.in>)

The following documents should be enclosed to the Application and it has two sets

1st set

A copy of Selection list pertaining to the Students (attested by the Principal of the Institution).

1. **SSC Marks Memo** (attested by the Principal of the Institution).
2. **Intermediate Marks Memo** (attested by the Principal of the Institution).
3. **Previous Examination Hall Ticket.**
4. **Furnish 5 Uniform Photos and affix same photo on the application.**
(Photo affixed in the application should be attested by the Principal of training institute with seal).
5. * **Internal Assessment Marks-** for each candidate the giving marks will not exceed 75. if the internal marks not enclosed the result will be withheld
6. **Principal has to submit a certificate to that effect that their students have fulfilled the curriculum mentioned at Para.12 in the G.O.Ms.99, Dated: 26-05-2014. i.e.,**
 - (i) **6 Weeks Field Training in Primary Health Center duly certified by the Medical Officer.** (For both 1st Year & 2nd Year Candidates).
 - (ii) **6 Months Internship Certificate** (For 2nd Year Candidates Only).

2nd set

Demand Draft (D.D) towards examination fee should be enclosed.

7. **Selection list**
8. **Hall ticket to be issued. (Original and Duplicate). *Not to enclose with the application.**
9. **Abstract in the given pro-forma**

Institute Name:	1st year	2nd year
Regular		
Supplementary		
Total		

Note- :

- (a) At least 80% of all the clinical requirement should be completed by the students before appearing for the final (second year) examination to that effect a certificate has to be issued by the Principal.
- (b) 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.

Further, the Principals of Govt./Private/Grant-in-aid MPH W (F) Training Institutes should also follow the following instructions scrupulously.

- 1) The application should have the signature of the student and signature of the Principal of the concerned Institute in the Specified given place.
- 2) All the applications should have the enclosures as noted in the application form. Incomplete and incorrect applications will be summarily rejected.
- 3) The Principals of Government and Private MPH W (F) Training Institutes are informed that proper care should be taken while filling up of the Application forms.

Further, they are informed that the Hall tickets for the eligible candidates will be issued as per the Indian Nursing Council Regulations, New Delhi to appear for Annual examination of the year 2020-21 held in December-2022.

This has got the approval of the Commissioner of Health & FW, AP,


Joint Director (PS&SP)

To

1. All the Principals of Govt. MPH W (F) Training Institutes in the state through CH&FW web site.
2. Copy to the All the Correspondents / Principals of Private MPH W (F) Training Institutes in the State with a request to Log on web site <http://cfw.ap.nic.in>
3. Copy to the all the District Medical & Health Officers in the State with a request to communicate the same to the MPH W (F) Training Institutes in the district.
4. Copy to the stock file.

Note the institute has to submit in two sets, each set separately as follows:

Set -1	Set-2 (for issue of H.T.)
<ol style="list-style-type: none">1. Original application2. SSC Marks Memo3. Intermediate Mark Memo4. Uniform Photos5. Internal Assessment Marks6. Principal certificate7. Abstract of the Proforma	<ol style="list-style-type: none">1. Selection list (Bunch)2. Original H.T (Bunch)3. Duplicate H.T (Bunch)4. D.D (Bunch)5. Previous Examination H.T. (In case of 2nd Students)

OFFICE OF THE COMMISSIONER OF HEALTH & FAMILY WELFARE
ANDHRA PRADESH : MANGALAGIRI

Rc.No.HMF04-74/2019-RHS/2022-1

Dt.21-11-2022

NOTIFICATION

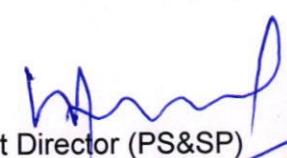
THE MPHW (F) /ANM COURSE ANNUAL EXAMINATIONS IS TO BE HELD IN THE MONTH OF DECEMBER, 2022 AND WILL BEGIN FROM 19-12-2022. THE LAST DATE FOR PAYMENT OF EXAMINATION FEE AND SUBMISSION OF FILLED IN APPLICATIONS WITH ENCLOSERS IS 28-11-2022.

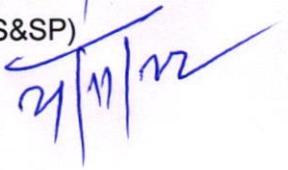
With late fee of Rs.100/- till 29-11-2022.

With late fee of Rs.500/- till 30-11-2022.

THE APPLICATION FORM IS AVAILABLE IN THE WEBSITE <http://cfw.ap.nic.in> FROM 21-11-2022 TO 30-11-2022.

This has got the approval of the Commissioner of Health & FW, AP.


Joint Director (PS&SP)


21/11/22

OFFICE OF THE COMMISSIONER OF HEALTH & FAMILY WELFARE:: AP::MANGALAGIRI

Application form for MPH (F) / ANM Course-Annual Examination of the year 2021-22 held in DECEMBER, 2022

HALL TICKET NUMBER

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Pass port size photo to be attested by the Principal with seal of the trg. institution
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Course Year : _____ (mention 1st Year/2nd Year)

(Separate application for each year & for Supplementary)

Academic Year Admitted* : _____

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

Date	Month	Year

 To

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 :

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 MPHWP (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

