

GOVERNMENT OF ANDHRA PRADESH

APPLICATION FORM FOR ADMISSION INTO MULTIPURPOSE HEALTH WORKERS (FEMALE) /ANM COURSE- IN GOVERNMENT / GRANT-IN-AID / PRIVATE TRAINING INSTITUTIONS FOR THE YEAR 2024 – 25

APPLICATION NO:

DATE:

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

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5.Age

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6.Nationality

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7.Religion

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8.Social Status (SC/ST/BC/OC)

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9.Native district:

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10.State

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11.Mother Tongue

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12.Seat Category

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- a)Convener Free Seat
- b)Management Seat

20.Details of Bank Draft enclosed

Name of the bank	
Branch	
Date	
Amount	

DECLARATION

I hereby solemnly and sincerely affirm that the information furnished by me in the application form and also in the enclosures submitted by me are true and correct. I have not kept any information secret if it may be found false in future, I realize that I am liable to criminal prosecution and also agree to fore go my seat.

Signature of Parent / guardian

Signature of Candidate

Documents to be submitted along with the application form

1. Attested Copy of the SSC Certificate or any equivalent examination showing identity of the date of birth of the candidate.
2. Attested Copy of the Intermediate certificate showing of marks obtained in the qualifying examination.
3. Attested Copy of the Study/School Bonafied Certificate from 6th to Intermediate.
4. 7 years residence certificate by the candidates claiming eligibility as a local candidate by the virtue of residence. (Nativity Certificate)
5. Bank Draft for Rs. 50/- in original (**In Favour of Commissioner Health & Family Welfare, A.P., Gollapudi,Amaravathi.**) payable at Gollapudi.
6. Certificate of social status in case of candidates belonging to SC/ST/BC.
7. Attested copy of the transfer certificate from the institution in which the candidate last studied.
8. Two Self addressed medium size envelope with postal stamps worth Rs. 30/-
9. Three pass port size photos duly attested by Gazetted officer