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**

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APPLICATION NO:									
DATE:									
1.Name of the candidate (as per SSC Certificate)									
2.Name of the Father / Guardia	an								
3.Postal Address	H.No: Village: Mandal: District: Mobile:								
4.Date of Birth									
5.Age									
6.Nationality]		
7.Religion]		
8.Social Status (SC/ST/BC/OC)]		
9.Native district:									
10.State									
11.Mother Tongue									
12.Seat Category a)Convener Free Seat b)Management Seat									

 13.Name of the District & Institution selected for MPHW (F) Trg. Course (Please Verify list of eligible institutions shown in Annexure) 									
14.Educational Qualification									
15.Qualifying Exam HT No									
16.First appearance of qualifying exam	(mon	th)]	Yea	ar			
17.Completed qualifying exam(month)					Yea	ar			

18.Marks obtained in 10+2 or Equivalent Exam:

18.A.	SI. No.	Subject	Max. marks	Obtained marks	Result
	1				
	2				
	3				
	4				
	5				

18.B. Particulars of study - Details for the four / seven consecutive academic years ending with the month and year of qualifying Examination

Academic Year	Class Studied	Name of the School/Place	District in which the school is situated

19.Local Area											
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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