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 2025 – 26

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

& In	nstitut HW (Verify	ion s F) Tr	District elected for g. Course f eligible institut	ions							
14.Educational Qualification											
15.Qualifying Exam HT No											
16.Firs	st app	oeara	ance of qualify	ring exam (month	n)	Year					
17.Completed qualifying exam(month) Year											
18.Ma	rks o	btain	ed in 10+2 or	Equivalent Exan	n:						
18.A.	SI. I	No.	Subject	Max. marks	Obtained marks	Result					
	1	1									
	2	2									
	3	3									
	4	1									
	5	5									
				etails for the four nd year of qualify	r / seven consecuing Examination	ıtive a	icademic years				
Academic Year Class Studied			ss Studied	Name of t	District in which the school is situated						
19.Lo	cal Ar	·ea									

20	Details o	of Rank	Draft	encl	റമേറ
20.	.Detalis t	JI Dalik	Diail		USEU

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