# OFFICE OF THE COMMISSIONER OF HEALTH & FAMILY WELFARE:: AP::GOLLAPUDI::AMARAVATHI

Pass port size

Application form for Multipurpose Health Workers (Female) Training Course Examinations to be held on December, 2017

	Applicat	ntary Ca	andidates Only			photo to be attested by the Principal					
	HALL TICKET NUMBER										
1.N	lame of the candidate										
(as	per SSC Certificate)										
2.N	lame of the Father / Guardian	:									
3.	Postal Address		H.No:								
			Village:								
			Mandal:								
			District:								
			Mobile:								
4.	Date of Birth	:									
	(as per 10 <sup>th</sup> Class Certificate)			Date		Μ	lonth			Year	
5.	Identification Marks	:	1)								
			2)								
6.	Name of the Institution	:	Name of	Inst							-
	Where candidate underwent		Village /	Town							
	Training										
			Pincode								-
7	Daniad of Training	_	_		_		<b>-</b> -		I		
7.	Period of Training	:	From	Data	Marath	Veer	То			<b>A a a b</b>	Maar
8.	Period of Extra Training and		From	Date	Month	Year	<b>□</b> т₀	Dat		Month	Year
0.	attendance for Two months	:	From	Dete	Month	Veer	То	Det		Month	Year
9.	Medium in which the candidate			Date	wonth	Year		Dat	e i	Month	real
9.	desires to appear for	:		т	elugu						
	examinations				inglish						
				Ľ	nyiisii						
	Please tick ( 🗸 )										
10.	Particulars of Examination Fees	:	Bank D	raft No.		Date		Place		Amo	unt
	paid										
	(To be enclosed in original)		L					1			1

11. Details of last Examination appeared and Failed or Absent.

#### **EXAMINATION APPEARED**

Paper / Papers in which she	:	Month	Year	Hall-Ticket No.	Result
appeared					

12.	Paper / Papers in which the	:	Paper I P / T
	Candidate now desires to appear in the Examination		Paper II P / T
			Paper III P / 1

(strike off which ever not necessary)

13. Enclosed the Memorandum of : Y/N

marks in original

#### **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

# CERTIFICATE OF THE PRINCIPAL OF THE INSTITUTION

- 1. Certified that Kum \_\_\_\_\_\_, D/o.\_\_\_\_\_ have undergone 18 months training course of MPHW (Female) from this institution \_\_\_\_\_\_ From \_\_\_\_\_\_ To \_\_\_\_\_\_
- From \_\_\_\_\_\_ 10 \_\_\_\_\_
  Certified that the extra attendance of Two months has been put in by the candidate, for which the relevant certificate is enclosed herewith.
- 3. Certified that the necessary and relevant documents have been enclosed. Non-submission or any of all the required certificates the application of the candidate shall be rejected without assigning any reasons thereof.
- 4. 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 the Training Institution
- 5. Certified that the internal marks were already submitted at the time of first appearance as a regular candidate.

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 Principal		Yes / No		
3	Photo attested by the Principal on application form	Yes / No			
4	75% of minimum attendance put in		Yes / No		
5	Practical Training		Yes / No		
6	Memorandum of Marks (Original) earlier attended (A	All exams)	Yes / No		
7	Valid Bank Draft enclosed		Yes / No		
8	Checked by:	Signature	Name & Designation		
9	Verified by:	Signature	Name & Designation		
10	Relevant documents furnished		Yes / No		

Hall Ticket may be Issued / Rejected

# COMMON BOARD OF EXAMINATIONS FOR MULTIPURPOSE HEALTH WORKERS (FEMALE) A.P.::GOLLAPUDI::AMARAVATHI

# **EXAMINATIONS TO BE HELD DURING DECEMBER, 2017**

#### HALL TICKET FOR SUPPLEMENTARY CANDIDATES

HALL	TICKET NUMBER						Affix Pass port size photograph to be attested by
1.	Name of the Candidate		:				the Secretary
	(in Capital Letters)						Examinations
	As per SSC						
2.	Father's name		:				
3.	Date of Birth		:				
4.	Name of the Institution w candidate studied	here the	:				
5.	District Centre where aut	horized	:				
	to appear for examination	าร					
6.	Paper / Papers in which		:	Paper I /	Paper II /	Paper III	l
	appearing (Please strike	off which		Theory	Theory		
	ever is not applicable)			Practical	Practical		
Signature of the Candidate Secretary Board of MPHW (Female) Ex					minations		
	COMMON BOARD O WORKERS (F		-				
	EXAMINATIO	NS TO BE	HELD	DURING D	ECEMBER,	<sup>2017</sup> [	DOFLICATE
	HALL TICK	ET FOR SL	JPPLE	MENTARY	CANDIDAT	<u>ES</u>	Affix Pass port
HALL	TICKET NUMBER						size photograph to be attested by
1.	Name of the Candidate		:				the Secretary
	(in Capital Letters)						Examinations
	As per SSC					-	
2.	Father's name		:				
3.	Date of Birth		:				
4.	Name of the Institution w candidate studied	here the	:				
5.	District Centre where aut to appear for examination		:				

:

Paper / Papers in which 6. appearing (Please strike off which ever is not applicable)

Signature of the Candidate

Paper I / Paper II / Paper III Theory Theory Practical Practical

Secretary Board of MPHW (Female) Examinations

ORIGINAL

Affin Dean