GOVERNMENT OF ANDHRA PRADESH

APPLICATION FORM FOR ADMISSION INTO MULTIPURPOSE HEALTH WORKERS (FEMALE) TRAINING COURSE IN GOVERNMENT / GRANT-IN-AID / PRIVATE TRAINING INSTITUTIONS FOR THE YEAR 2018 – 2019

APPLICATION NO:													
DATE:													
1.Name of the candidate													
(as per SSC Certificate)								<u> </u>			<u> </u>		
2.Name of the Father / Guardian													
3.Postal Address	H.No:												
	Village: Mandal:												
	District:												
	Mobile:												
4.Date of Birth													
5.Age as on 31.12.2017													
6.Nationality													
7 Religion			<u> </u>	1			<u> </u>			1			
7.Religion				<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>]			
8.Social Status (SC/ST/BC/OC)													
9.Native district:													
10.State													
11.Mother Tongue													
12.Seat Category a)Convener Free Sea b)Management Seat	t												

& Ir		District elected for g. Course						
14.Ed	ucational (Qualification						
15.Qu	alifying Ex	cam HT No						
16.Firs	st appeara	ance of qualify	ving exa	m (month	n)	Year		
17.Co	mpleted q	ualifying exan	n(month)		Year		
18.Ma	rks obtain	ed in 10+2 or	Equival	ent Exan	n:			
18.A.	SI. No.	SI. No. Subject Ma			Obtained marks	Res	sult	
	1							
	2							
	3							
	4							
	5							
					our / seven consing Examination	ecutive acade	mic years	
	Academic Year Class St			Na	me of the Schoo	District in which the school is situated		
19.Lo	cal Area							

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 envelop with postal stamps worth Rs. 30/-
- 9. Three pass port size photos duly attested by Gazetted officer