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 2021 – 22

APPLICATION NO:												
DATE:												
								L]
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 MPI (Please	stitutior HW (F)	ne District n selected for Trg. Course t of eligible institut ure)	ions							
14.Educational Qualification										
15.Qualifying Exam HT No										
16.First appearance of qualifying exam (month)										
17.Completed qualifying exam(month) Year										
18.Ma	rks obta	ained in 10+2 or	Equivalent Exam	1:						
18.A.	SI. No	. Subject	Max. marks	Obtained marks	Result					
	1									
	2									
	3									
	4									
	5									
			etails for the four nd year of qualify			cademic years				
Acadei Yea	(Class Studied	Name of the School/Place District in which the school is situated							
19.Loc	cal Area									

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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