

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

(strike off which ever not necessary)

13. Enclosed the Memorandum of marks in original : Y/N

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 MPHWS (Female) from this institution _____
From _____ To _____
2. 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 (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

Officer's Signature

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

ORIGINAL

EXAMINATIONS TO BE HELD DURING DECEMBER, 2017

HALL TICKET FOR SUPPLEMENTARY CANDIDATES

HALL TICKET NUMBER

1. Name of the Candidate :
(in Capital Letters)
As per SSC
2. Father's name :
3. Date of Birth :
4. Name of the Institution where the candidate studied :
5. District Centre where authorized to appear for examinations :
6. Paper / Papers in which appearing (Please strike off which ever is not applicable) : Paper I / Paper II / Paper III
Theory Theory
Practical Practical

Affix Pass port size photograph to be attested by the Secretary Examinations

Signature of the Candidate

**Secretary
Board of MPH (Female) Examinations**

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

DUPLICATE

EXAMINATIONS TO BE HELD DURING DECEMBER, 2017

HALL TICKET FOR SUPPLEMENTARY CANDIDATES

HALL TICKET NUMBER

1. Name of the Candidate :
(in Capital Letters)
As per SSC
2. Father's name :
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Practical Practical

Affix Pass port size photograph to be attested by the Secretary Examinations

Signature of the Candidate

**Secretary
Board of MPH (Female) Examinations**