



10.Details of Practical Trainings:

Name & Place of the PHC/Sub-center UPWC/PP Unit/Hospital:

From Date:

To Date:

Subject:

11.Medium in which candidate desires to appear for

English

examination: ✓

Telugu

12.Particulars of Fees ( To be enclosed in Original )

Bank Draft No:		
Date:	Amount:	
Place:		

### 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 12 months training course of MPH (Female) from this institution \_\_\_\_\_ and has put in attendance of % for Theory, Practicals, Field Work as specified below:
  - a) No. of Class held during Theory Practicals Fields Total  
12 months course:
  - b) No. attended by the candidate
  - c) % of attendance
2. Certified that she has completed her record of practicals and it shall be produced at the time of Practical Examination
3. Certified that the trainee's conduct and character has been found satisfactory during period of training
4. Certified that the candidate has successfully completed the Urban and Rural field training and the relevant certificates are enclosed herewith.
5. Certified that the Selection list of the candidates admitted for training course of 12 months as

- approved by the Selection Committee is enclosed herewith.
6. Certified that the internal marks are enclosed
  7. 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.
  8. 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

Signature of the Principal

With official stamp

Date:

**FOR OFFICE USE ONLY**

**CHECK LIST**

- |    |   |           |                    |
|----|---|-----------|--------------------|
| 1  | All columns filled                                  |           | Yes / No           |
| 2  | Selection Candidate is approved by committee        |           | Yes / No           |
| 3  | Signature of the candidate and Principal affixed    |           | Yes / No           |
| 4  | Photo attested by the Principal on application form |           | Yes / No           |
| 5  | She has put in 75% of attendance                    |           | Yes / No           |
| 6  | Practical Training                                  |           | Yes / No           |
| 7  | Valid Bank Draft enclosed                           |           | Yes / No           |
| 8  | Extra (2) photos submitted                          |           | Yes / No           |
| 9  | Internal marks                                      |           |                    |
| 10 | Checked by:   | Signature | Name & Designation |
| 11 | Verified by:  | Signature | Name & Designation |
| 12 | 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  
EXAMINATIONS TO BE HELD DURING DECEMBER, 2017**

**Duplicate**

**HALL TICKET FOR REGULAR CANDIDATES**

**HALL TICKET NUMBER**

1. Name of the Candidate :  
As per SSC  
(in Capital Letters)
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 : Paper .I / Paper II / Paper III / Paper.IV  
(Please strike off which ever is not Practical-I Practical-II  
applicable)

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**

Original

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ever is not applicable)

**Signature of the Candidate**

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

**INSTRUCTIONS TO THE CANDIDATE**

1. Candidates shall use Ink / Ball-point Pens (Blue / Black)
2. Candidates shall not write their name on any of the answer script. The Hall-Ticket number should be written only on the first page in the Block provided on the answer script. Hall Ticket number should not be written on any other pages including the additional answer sheets.
3. No candidate shall be allowed in the Examination Hall with books and other written materials
4. Candidates shall be allowed (15) Fifteen minutes late in the Examination Hall after the commencement of the scheduled time. They shall be allowed to leave the Hall (1) One Hour before the closure of the scheduled time.
5. Candidates should bring their Practical Records for the Practical Examination.
6. Candidates found malpractising or copying from other candidates answer script shall be debarred for the Paper and the rest of the examinations there of.

