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

Application form for MPHW (F) / ANM Course Examination of the year 2019-20 held in **February, 2021** 

Course Ye	ET NUMBER	or each year & t			ear/2 <sup>nd</sup> Year)	at		to be by the vith seal trg.	
Academic	Year Admitte	ed* <u>:</u>							
1.Name of the candidat (as per SSC Certificate									
2.Name of the Father /	Guardian :								
3.Postal Address		H.No: Village: Mandal: District: Mobile:							
4. Date of Birth	:								
<ul><li>(as per SSC Certifica</li><li>5. Identification Marks</li></ul>		Date Month					Year		
As per SSC Certification	Ie	1)							
6. Name of the Institutic Where candidate und Training	n :	Name of Inst Village / Town District Pincode						-	
7. Period of Training	:	From Date	e Month	n Year	To Da	ate M	onth	Year	
8. Particulars of Examir paid	nation Fees :	Bank Draft No	D.	Date	Place		Amou	unt	
(To be enclosed in or	iginal)								

9. Attendance (Minimum 75% of attendance)

Paper I	 
Paper II _	 
Paper III _	 
Paper IV	 
Paper V _	 
Paper VI	 

10. Details of PHC / Sub-Practical Centre Trainings UPWC / PP (Internship) Unit / Hospital

Name	Place	From Date	To Date	Subject

11. Paper / Papers in which the Candidate now desires to appear in the Examination

1 <sup>st</sup> '	1 <sup>st</sup> Year				
	Paper-1				
	Paper-2				
	Paper-3				
	Paper-4				
	Practical-1				
	Practical-2				

2 <sup>nd</sup>	2 <sup>nd</sup> Year				
	Paper-5				
	Paper-6				
	Practical-3				
	Practical-4				

( Please tick ☑ the applied subject & Year)

Strike off which is not applicable

# **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

\* Instructions:

- Application form for 1<sup>st</sup> year & 2<sup>nd</sup> Year Exam has to be submitted <u>separately</u>.
  Exam fee for 1<sup>st</sup> year and 2<sup>nd</sup> year has to be paid for the candidate separately.
- 3. Principals are hereby instructed to fill up the details of the candidates and other relevant information in the given hall ticket mentioned therein, as given below and furnishes the same without fail.
- 4. Institute has to submit the applications of Supplementary candidates and applications of regular candidates Separately with Covering letter.
- 2<sup>nd</sup> year 5. Separate covering letter should be enclosed for 1<sup>st</sup> year candidates and candidates.

Page 🖌

# CERTIFICATE OF THE PRINCIPAL OF THE INSTITUTION

- 1. Certified that Kum \_\_\_\_\_, D/o.\_\_\_\_\_ have undergone 2 Years training course of MPHW (Female) from this institution \_\_\_\_\_\_ From \_\_\_\_\_\_ To \_\_\_\_\_\_
- 2. Certified that the necessary and relevant documents have been enclosed. Non-submission of any of the required certificates, the application of the candidate shall be rejected without assigning any reasons there on.
- 3. 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 against the Training Institution

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 the Principal	Yes / No
3	Photo attested by the Principal on application form	Yes / No
4	Valid Bank Draft enclosed	Yes / No

- 5 Checked by: Signature Name & Designation
- 6 Verified by: Signature Name & Designation
- 7 Relevant documents furnished

Hall Ticket may be Issued / Rejected

Yes / No

COMMON BOARD OF EXAMINATIONS FOR MPHW(F)/ANM COURSE .A.P EXAMINATIONS TO BE HELD DURING FEBRUARY, 2021 <u>HALL TICKET</u> HALL TICKET NUMBER							phot atte	Pass port ograph to ested by t Secretary amination	o be the			
Academic Year Admitted*	:	•										
1.Name of the candidate (as per SSC Certificate)												
2.Name of the Father / Guardian	:											
3.Date of Birth	:											

4. Name of the Institution where the candidate studied :

- 5. Examination Center :
- 6. Papers in which appearing

1 <sup>st</sup> Year					
Paper-1					
Paper-2					
Paper-3					
Paper-4					
Practical-1					
Practical-2					

2 <sup>nd</sup> Year					
	Paper-5				
	Paper-6				
	Practical-3				
	Practical-4				

\* Application should be submitted separately for 1<sup>st</sup> year and 2<sup>nd</sup> Year \* Strike off which is not applicable

## Signature of the Candidate

#### Secretary Board of MPHW (Female) Examinations

#### INSTRUCTIONS TO THE CANDIDATE

- 1. Candidates shall use Ink / Ball-point Pens (Blue / Black)
- 2 Candidate should write the name of the subject/paper and date on the Answer booklet without fail
- 3 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.
- 4 No candidate shall be allowed in the Examination Hall with books and other written materials
- 5 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.
- 6 Candidates should bring their Practical Records for the Practical Examination.
- 7 Candidates found malpractising or copying from other candidates answer script shall be debarred for the Paper and the rest of the examinations there of.
- 8 Candidate will not allow to write the passed subject, if appeared once again it will be treated as cancelled.

Duplicate- February, 2021 COMMON BOARD OF EXAMINATIONS FOR MPHW(F) COURSE .A.P EXAMINATIONS TO BE HELD DURING FEBRUARY, 2021 HALL TICKET NUMBER	Affix Pass port size photograph to be attested by the Secretary Examinations
Academic Year Admitted* :	
1.Name of the candidate	

6. Papers in which appearing

2.Name of the Father / Guardian

4. Name of the Institution where the candidate studied :

(as per SSC Certificate)

5. Examination Center :

3.Date of Birth

1 <sup>st</sup> Year				
Paper-1				
Paper-2				
Paper-3				
Paper-4				
Practical-1				
Practical-2				

2 <sup>nd</sup> Year					
	Paper-5				
	Paper-6				
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