

**OFFICE OF THE COMMISSIONER OF HEALTH & FAMILY WELFARE: A.P.::
MANGALAGIRI, GUNTUR DISTRICT.**

Rc.No.1610542/RHS/2025-I

Dt.05-11-2025

Sub: CH&FW – RHS-Section – Notification for conducting the (Regular) MPH W (F)/ANM Examinations in the month of December 2025 – Notification issued – Reg.

Ref: 1. GO.Ms.No.99, HM&FW (K2) Department, Dt.26.05.2014.
2. This office File.No.HMF04-13/2/2021-RHS Dt.06-08-2024.

All the Correspondents/Principals of concerned MPH W(F) Training Institutions (Government/Grant-in-aid/Private) in the A.P. State are informed that, the Regular Examinations for the MPH W (F)/ANM Course (1st year and 2nd year) is scheduled to be conducted from 01-12-2025 to 06-12-2025.

The schedule of the Examinations is as follows:

	1st Year	2nd Year
	Theory	
01-12-2025 Monday	<u>Paper.I</u> Community Health Nursing (10AM to 1PM)	<u>Paper.V</u> Midwifery (2PM to 5PM)
02-12-2025 Tuesday	<u>Paper.II</u> Health Promotion (10AM to 1PM)	<u>Paper.VI</u> Health Center Management (2PM to 5PM)
03-12-2025 Wednesday	<u>Paper.III</u> Primary Health Care Nursing (10AM to 1PM)	
04-12-2025 Thursday	<u>Paper.IV</u> Child Health Nursing (10AM to 1PM)	
	Practical	
05-12-2025 Friday	<u>Practical.I</u> Community Health Nursing and Health Promotion	<u>Practical.III</u> Midwifery
06-12-2025 Saturday	<u>Practical.II</u> Child Health Nursing	<u>Practical.IV</u> Primary Health Care and Health Centre Management

Examination Fee:

1st year	Rs. 500/- per candidate
2nd year	Rs. 500/- per candidate

The above fee should be remitted by way of Demand Draft drawn in favor of **“The Commissioner of Health & Family Welfare, A.P., Gollapudi,”** in any Nationalized bank on or **before 13-11-2025.** Applications will be accepted with late fee of Rs.500/- per candidate (in addition to existing fee i.e., Rs.500/-) on or before 14-11-2025.

IMPORTANT POINTS TO FOLLOW:

Applications are invited from the students through the Principals of concerned school on Offline only. The Application Pro-forma is available in the CH&FW, AP website. (i.e., <http://cfw.ap.nic.in>)

The application form has to be submitted along with following documents in two sets

1st set containing with the following documents:

1. **Demand Draft (D.D) towards examination fee should be enclosed**
2. **Selection list, pertaining to the Students** (Attested by the Principal of the concerned Institution).
3. **Previous Examination Hall Ticket. In case of 2nd year students/Supplementary Students.**
4. **Abstract in the given pro-forma**

Institute Name:	1st year	2nd year
Regular		
Supplementary		
Total		

2nd set containing with the following documents:

1. **Application form**
2. **SSC Marks Memo** (Attested by the Principal of the concerned Institution).
3. **Intermediate Marks Memo** (Attested by the Principal of the concerned Institution).
4. **Furnish 5 no. of uniform Photos and affix same photo on the application.** (Photo affixed in the application should be attested by the Principal of concerned institute with office seal).
5. *** Internal Assessment Marks:- The marks awarded to each student shall not exceed 75. If the internal marks not enclosed the result will be withheld.**
6. **Principal has to submit a certificate stating that, all their students have fulfilled the curriculum mentioned at Para.12 in the G.O.Ms.99, Dated: 26-05-2014. i.e.,**
 - (i) **6 Weeks Field Training in Primary Health Center duly certified by the Medical Officer.** (For both 1st Year & 2nd Year Candidates).
 - (ii) **6 Months Internship Certificate** (For 2nd Year Candidates Only).

Note- :

- (a) At least 80% of all the clinical requirement should be completed by the students before appearing for the final (second year) examination to that effect a certificate has to be issued by the Principal.
- (b) The Principal of the ANM School should certify for each student that she has undergone successfully the internship Programme, 100% clinical requirements and acquired the requisite competencies as listed in the syllabus before the award of the certificate / diploma by the state nursing councils / examination boards.

Further, the Principals of Govt./Private/Indian Red Cross Society, MPH W (F) Training Institute (Grant-in-aid) should also follow the following instructions scrupulously:

- 1) The application should have the signature of the student and signature of the Principal of the concerned Institute in the Specified given place.
- 2) All the applications should have the enclosures as noted in the application form. Incomplete and incorrect applications will be summarily rejected.
- 3) The Principals of Government and Private MPH W (F) Training Institutes are informed that proper care should be taken while filling up of the Application forms.

IMPORTANT DATES TO REMEMBER:

1.	The Application form for (Regular) MPH W (F)/ANM Examinations will be held in the month of December 2025 will be available in website (http://cfw.ap.nic.in)	06-11-2025. to 14-11-2025
2.	Last date for submission of filled in Applications (offline only) with payment of fee Rs.500/-	13-11-2025 by 5.00 P.M.
2.a	Last date for submission of filled in Application with late fee of Rs.500/-	14-11-2025 by 5.00 P.M.
3.	Issue of Hall Tickets	24 th & 25 th , Nov.2025

Further, all the Principals of concerned institutes are informed that, the Hall tickets for the eligible candidates will be issued only as per the Indian Nursing Council Regulations, New Delhi to appear for Regular examinations will be held in the month of December-2024.


For Commissioner of Health & FW,

To

1. All the Principals of Govt. MPH W (F) Training Institutes in the state.
2. All the Correspondents / Principals of Private MPH W (F) Training Institutes in the State with a request to Log on web site <http://cfw.ap.nic.in>
3. The Principal of Indian Red Cross Society, MPH W (F) Training Institute (Grant-in-aid)
4. All the District Medical & Health Officers in the State with a request to Communicate the same to the MPH W (F) Training Institutes under their control.
5. Copy to the stock file.

OFFICE OF THE COMMISSIONER OF HEALTH & FAMILY WELFARE
ANDHRA PRADESH: MANGALAGIRI, GUNTUR DISTRICT.

Rc.No.1610542/RHS/2025 -II

Dt.05-11-2025

NOTIFICATION

THE MPHW (F) /ANM COURSE (REGULAR) EXAMINATIONS IS TO BE HELD IN THE MONTH OF DECEMBER, 2025 AND WILL COMMENCE FROM 01-12-2025. THE LAST DATE FOR PAYMENT OF EXAMINATION FEE OF Rs.500/- AND SUBMISSION OF FILLED IN APPLICATIONS WITH ENCLOSERS IS 13-11-2025 by 5.00 PM.

THE LAST DATE FOR PAYMENT OF EXAMINATION FEE **WITH LATE FEE OF Rs.500/-** AND SUBMISSION OF FILLED IN APPLICATIONS WITH ENCLOSERS IS **14-11-2025 by 5.00 PM.**

THE APPLICATION FORM IS AVAILABLE IN THE WEBSITE <http://cfw.ap.nic.in> FROM 06-11-2025 TO 14-11-2025.



For Commissioner of Health & FW

Application for 1st year

OFFICE OF THE COMMISSIONER OF HEALTH & FAMILY WELFARE:: AP::MANGALAGIRI

Application form for MPHWS (F) / ANM Regular Examinations to be held
in the month of DECEMBER, **2025**

HALL TICKET NUMBER

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Course Year :

(Separate application for each year & for Supplementary)

Academic Year Admitted* :

Pass port size
photo to be
attested by the
Principal with seal
of the trg.
institution

1.Name of the candidate
(as per SSC Certificate)

[illegible]

2.Name of the Father / Guardian :

[illegible]

3. Postal Address

H.No:	
Village:	
Mandal:	
District:	
Mobile:	

4. Date of Birth :
(as per SSC Certificate)

Date	Month	Year

5. Identification Marks :
As per SSC Certificate

1)
2)

6. Name of the Institution :
Where candidate underwent
Training

Name of Inst. _____
Village / Town _____
District _____
Pincode _____

7. Period of Training :

From

--	--	--

 To

--	--	--

Date Month Year Date Month Year

8. Particulars of Examination Fees :
paid
(To be enclosed in original)

Bank Draft No.	Date	Place	Amount

9. Attendance (Minimum 75% of attendance)

Paper I _____
 Paper II _____
 Paper III _____
 Paper IV _____

10.

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

Name	Place	From Date	To Date	Subject

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

:

1 st Year	
	Paper-1
	Paper-2
	Paper-3
	Paper-4
	Practical-1
	Practical-2

(Please tick ☒ the applied subject)
&

(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:

1. Application form for 1st year & 2nd Year Exam has to be submitted separately.
2. Exam fee for 1st year and 2nd year has to be paid for the candidate separately.
3. Principals are hereby informed that hall ticket is generated by this office and Issued.
4. Institute has to submit the applications of Supplementary candidates and applications of regular candidates Separately with Covering letter.
5. Separate covering letter should be enclosed for 1st year candidates and 2nd year candidates.

CERTIFICATE OF THE PRINCIPAL OF THE INSTITUTION

1. Certified that Kum _____, D/o. _____ have undergone 2 Years training course of MPHWP (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

Place:
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 | Yes / No |

Hall Ticket may be Issued / Rejected

Officer's Signature

Application for 2nd year

OFFICE OF THE COMMISSIONER OF HEALTH & FAMILY WELFARE:: AP::MANGALAGIRI

Application form for MPHWS (F) / ANM Regular Examinations to be held
in the month of DECEMBER, 2025

HALL TICKET NUMBER

--

Pass port size
photo to be
attested by the
Principal with seal
of the trg.
institution

Course Year :

(Separate application for each year & for Supplementary)

Academic Year Admitted* :

1.Name of the candidate
(as per SSC Certificate)

[illegible]

2.Name of the Father / Guardian :

[illegible]

3. Postal Address

H.No:	
Village:	
Mandal:	
District:	
Mobile:	

4. Date of Birth :
(as per SSC Certificate)

Date	Month	Year

5. Identification Marks :
As per SSC Certificate

1)
2)

6. Name of the Institution :
Where candidate underwent
Training

Name of Inst. _____
Village / Town _____
District _____
Pincode _____

7. Period of Training :

From

--	--	--

 To

--	--	--

Date Month Year Date Month Year

8. Particulars of Examination Fees :
paid
(To be enclosed in original)

Bank Draft No.	Date	Place	Amount

9. Attendance (Minimum 75% of attendance)

Paper V _____

Paper VI _____

10.

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

Name	Place	From Date	To Date	Subject

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

:

2 nd Year
Paper-5
Paper-6
Practical-3
Practical-4

(Please tick ☒ the applied subject)

&

(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:

1. Application form for 1st year & 2nd Year Exam has to be submitted separately.
2. Exam fee for 1st year and 2nd year has to be paid for the candidate separately.
3. Principals are hereby informed that hall ticket is generated by this office and Issued.
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1. Certified that Kum _____, D/o. _____ have undergone 2 Years training course of MPHWP (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

Place:
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 | Yes / No |

Hall Ticket may be Issued / Rejected

Officer's Signature