

**OFFICE OF THE DIRECTOR OF HEALTH & FAMILY WELFARE: A.P. :
MANGALAGIRI, Guntur Dist.**

File.No.HMF04-13/1/2022-RHS

Dt.15-06-2024

Sub: CH&FW – RHS-Section – Conduct of MPHWF/ANM Course Supplementary Examination, July, 2024 – Notification issued – Regarding.

Ref: 1. GO.Ms.No.99, HM&FW (K2) Department, Dt.26.05.2014.
2. INC, New Delhi Resolutions issued in vide F.No.1-5/2014-INC, Dt.29-10-2014

The Correspondents/Principals of the MPHWF Training Institutions (Government/Private) in the A.P. State concerned are informed that the Supplementary examination for the MPHWF Training Course for the first year & second year scheduled to be conducted from 22.07.2024 to 27.07.2024.

The above Examinations will be conducted for the students who are failed in the previous MPHWF/ANM Course examinations in 2 years course (i.e., first year & second year).

The schedule of the examinations is as follows:

	1st Year	2nd Year
22-07-2024 Monday	Paper.I (Theory) Community Health Nursing (10AM to 1PM)	Paper.V (Theory) Midwifery (2PM to 5PM)
23-07-2024 Tuesday	Paper.II (Theory) Health Promotion (10AM to 1PM)	Paper.VI (Theory) Health center management (2PM to 5PM)
24-07-2024 Wednesday	Paper.III (Theory) Primary health care nursing (10AM to 1PM)	
25-07-2024 Thursday	Paper.IV (Theory) Child Health Nursing (10AM to 1PM)	
26-07-2024 Friday	Practical.I Community Health Nursing and Health Promotion	Practical.III Midwifery
27-07-2024 Saturday	Practical.II Child Health Nursing	Practical.IV Primary Health care and health centre management

Examination Fee structure is as follows:

For Supplementary Candidates – 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 28.06.2024 & with late fee upto 02-07-2024.** Fees once paid will not be refunded or adjusted under any circumstances. No Extra amount will be accepted, other than the fee of candidates mentioned in the list submitted.

IMPORTANT DATES TO REMEMBER:

1.	The Application form for supplementary exam July-2024 available in website	18-06-2024 to 02-07-2024
2.	Last date for submission of Application	28-06-2024 by 5.00 P.M.
4	With fine of Rs.500/-	02-07-2024 5.00 P.M
5.	Issuing of Hall tickets w.e.f	10 th & 11 th of July-2024

IMPORTANT POINTS TO FOLLOW:

- **The following documents shall be enclosed to the Application and submitted in two sets as follows:**
- **Set-1 (along with application and student have to sign on the application & Mention the Previous Hall ticket Number)**

1. **Copy of Marks memo marks memo of last examination attended**
2. **Uniform Photos on the applications with the signature of the concerned Principal of training institute with seal.**

(All the copies of the certificates should be attested by the concerned principal of training institute and enclose to the applications of the students.)

Set-2

1. **Copy of the last attended examination hall ticket.**
2. **A copy of Selection list pertaining to the Students**
3. **The D.D towards examination fee should be enclosed**

Further, the Principals of Govt./Private/ MPH W (F) Training Institutes 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.
- 4) Separate Application form for 1st year & 2nd year have to be filled and to be submitted.

Further, they are informed that the Hall tickets for the eligible candidates will be issued as per the Indian Nursing Council Regulations, New Delhi to appear for Supplementary examination-July-2024.

This has got the approval of the Director of Health & Family Welfare, AP


Additional Director (MCH)

Add. Director (MCH)
O/o. Commissioner of Health & Family Welfare
Mangalagiri, Guntur Dist. A.P.

To

1. All the Principals of Govt. MPH W (F) Training Institutes in the state through CH&FW web site.
2. Copy to the All the Correspondents / Principals of Private MPH W (F) Training Institutes in the State with a request to Log on web site ("cfw.ap.nic.in")
3. Copy to the stock file.

**OFFICE OF THE DIRECTOR OF HEALTH & FAMILY WELFARE
ANDHRA PRADESH : MANGALAGIRI**

NOTIFICATION

THE MPHW (F) /ANM COURSE EXAMINATIONS IS TO BE HELD IN THE MONTH OF July, 2024 AND WILL BEGIN FROM 22-07-2024. THE LAST DATE FOR PAYMENT OF EXAMINATION FEE AND SUBMISSION OF FILLED IN APPLICATIONS WITH ENCLOSERS IS 28-06-2024.

With late fee of Rs.500/- till 02-07-2024. BY 5.00 PM

THE APPLICATION FORM IS AVAILABLE IN THE WEBSITE <http://cfw.ap.nic.in> FROM 18-06-2024 TO 02-07-2024.

This has got the approval of Director of Health and Family Welfare, A.P.



Additional Director (MCH)

Addl. Director (MCH)
O/o. Commissioner of Health & Family Welfare
Mangalagiri, Guntur Dist., A.P.

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

Application form for MPH (F) / ANM Course-Supplementary Examination of the year 2023-24 held in July, 2024

HALL TICKET NUMBER

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Pass port size photo to be attested by the Principal with seal of the trg. institution
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Course Year : _____ (mention 1st Year/2nd Year)

(Separate application for each year & for Supplementary)

Academic Year Admitted* : _____

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

2. Name of the Father / Guardian :

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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

Date	Month	Year

 To

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 _____
 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 :

1 st Year	
<input type="checkbox"/>	Paper-1
<input type="checkbox"/>	Paper-2
<input type="checkbox"/>	Paper-3
<input type="checkbox"/>	Paper-4
<input type="checkbox"/>	Practical-1
<input type="checkbox"/>	Practical-2

2 nd Year	
<input type="checkbox"/>	Paper-5
<input type="checkbox"/>	Paper-6
<input type="checkbox"/>	Practical-3
<input type="checkbox"/>	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:**

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 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 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 MPHWH (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 | Yes / No |

Hall Ticket may be Issued / Rejected

Officer's Signature