

**OFFICE OF THE COMMISSIONER OF HEALTH & FAMILY WELFARE: A.P. :**

**MANGALAGIRI, Guntur Dist.**

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

**Dt.14-06-2026**

Sub: CH&FW - RHS-Section - Conduct of MPHWF/ANM Course Supplementary Examination, July, 2026 - 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

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The Correspondents/Principals of the MPHWF Training Institutions (Government and 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 13.07.2026 to 18.07.2026.

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:**

	1 <sup>st</sup> Year	2 <sup>nd</sup> Year
13-07-2026 Monday	<u>Paper.I (Theory)</u> Community Health Nursing (10AM to 1PM)	<u>Paper.V (Theory)</u> Midwifery (2 PM to 5 PM)
14-07-2026 Tuesday	<u>Paper.II (Theory)</u> Health Promotion (10AM to 1PM)	<u>Paper.VI (Theory)</u> Health center management (2PM to 5PM)
15-07-2026 Wednesday	<u>Paper.III (Theory)</u> Primary health care nursing (10AM to 1PM)	
16-07-2026 Thursday	<u>Paper.IV (Theory)</u> Child Health Nursing (10AM to 1PM)	
17-07-2026 Friday	<u>Practical.I</u> Community Health Nursing and Health Promotion	<u>Practical.III</u> Midwifery
18-07-2026 Saturday	<u>Practical.II</u> Child Health Nursing	<u>Practical.IV</u> 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 27.06.2026 By 5.00 PM & with late fee up to 30-06-2026.** 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-2026 available in website	15-06-2026 to 30-06-2026
2.	Last date for submission of Application	27-06-2026 by 5.00 P.M.
4	With fine of Rs.500/-	30-06-2026 by 5.00 P.M
5.	Issuing of Hall tickets w.e.f	8 <sup>th</sup> & 9 <sup>th</sup> of July-2026

**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., and Private MPHW (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 MPHW (F) Training Institutes are informed that proper care should be taken while filling up of the Application forms.
- 4) Separate Application form for 1<sup>st</sup> year & 2<sup>nd</sup> 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-2026.

This has got the approval of the Commissioner of Health & Family Welfare, A.P. Mangalagiri.

  
Joint Director (PS&SP)

To

1. All the Principals of Govt. and Private MPHW (F) Training Institutes in the state through CH&FW web site.
2. Copy to the All the Correspondents / Principals of Private MPHW (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 COMMISSIONER OF HEALTH & FAMILY WELFARE  
ANDHRA PRADESH : MANGALAGIRI**


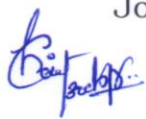


**NOTIFICATION**

**THE MPHW (F) /ANM COURSE EXAMINATIONS IS TO BE HELD IN THE MONTH OF July, 2026 AND WILL BEGIN FROM 13-07-2026. THE LAST DATE FOR PAYMENT OF EXAMINATION FEE AND SUBMISSION OF FILLED IN APPLICATIONS WITH ENCLOSERS IS 27-06-2026.**

With late fee of Rs.500/- till 30-06-2026. BY 5.00 PM

**THE APPLICATION FORM IS AVAILABLE IN THE WEBSITE <http://cfw.ap.nic.in> FROM 15-06-2026 TO 30-06-2026.**

This has got the approval of the Commissioner of Health & Family Welfare, A.P. Mangalagiri.

  
Joint Director (PS&SP)  
  

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

Application form for MPH (F) / ANM Course-Supplementary Examination of the year 2025-26 held in July, 2026

**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 1<sup>st</sup> Year/2<sup>nd</sup> Year)

(Separate application for each year & for Supplementary)

**Academic Year Admitted\*** : \_\_\_\_\_

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

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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
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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 

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 To 

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 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 \_\_\_\_\_  
 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 <sup>st</sup> 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 <sup>nd</sup> 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 1<sup>st</sup> year & 2<sup>nd</sup> Year Exam has to be submitted separately.
2. 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 with Covering letter.
5. Separate covering letter should be enclosed for 1<sup>st</sup> year candidates and 2<sup>nd</sup> 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