

OFFICE OF THE COMMISSIONER OF FAMILY WELFARE : AP. HYDERABAD
Application Form for Multipurpose health Workers (Female) Training
Course Examination to be held in 2000

Application form for Supplementary Candidates Only

Passport size
photo to be
attested by the
Principal

HALL TICKET NUMBER :

1. Name of the Candidate : _____
(In Capital letters) Surname Other Name

2. Father's Name :

3. Residential Address : House No. _____
Street _____
Village/Town _____
Mandal _____
District _____
Pin code _____

4. Date of Birth : _____
(As per 10th Class Certificate)

_____	_____	_____
Date	Month	Year

5. Caste OC/BC/SC/ST
(Enter the relevant)

6. Name of the Institution Name of Inst. _____
Whether Candidate underwent Village/Town _____
MPHW (Female) Training District _____
Pin Code _____

7. Period of Training

From

_____	_____	_____
Date	month	year

To

_____	_____	_____
date	month	year

8. Period of Extra Training and attendance for Two months

From

_____	_____	_____
Date	month	year

To

_____	_____	_____
date	month	year

9. Medium in which the candidate
desire to appear for examination
please tick (✓)

Telugu
English

10. Particulars of Examination Fee Paid (to be enclosed in original)

Bank Draft No.	Date	Place	Amount

11. Enclose 2 Pass-port size Photos Separately

* Name of the candidate to be written on back side and Certified by the Principal with stamp.

12. Details of last Examination appeared and failed or absent.

EXAMINATION APPEARED

Paper / Papers in which she appeared Month year Hall-Ticket No. Result

--	--	--	--

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

Paper I

Paper II

Paper III

(Strike off which ever not necessary)

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 be it be however, be found that any information furnished herein is fraudulent, incorrect, untrue I realise 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 18 months training course of M. P. H. W. (Female) from this Institution ____
_____ from _____ to _____

2. Certified that the extra attendance of two months has been put in by the candidate, for which the relevant certificate is enclosed herewith.

3. Certified that the necessary and relevant documents have been enclosed. Non-submission of any of all the required certificates the application of the candidate shall be rejected without assigning any reasons thereof.

4. Certified that information furnished herein 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

		Yes / No
1. All columns filled		Yes / No
2. Signature of the candidate and principal affixed Signed		Yes / No
3. Photo attested by the Principal on application from		Yes / No
4. 75% of minimum attendance put in		Yes / No
5. Practical Training		Yes / No
6. Valid Bank Draft enclosed		Yes / No
7. Extra (3) Photos submitted		Yes / No
8. Checked by:	Signature	Name & Designation
9. Verified by	Signature	Name & Designation
10. Relevant documents furnished		Yes / No

Hall-ticket may be issued / Rejected

Officer's Signature

COMMON BOARD OF EXAMINATIONS FOR MULTIPURPOSE HEALTH
WORKERS (FEMALE) ANDHRA PRADESH :: HYDERABAD

EXAMINATION TO BE HELD DURING

2000

ORIGINAL

HALL TICKET FOR SUPPLEMENTARY CANDIDATES

HALL-TICKET NUMBER

Affix passport
size
photograph to
be attested by
secretary
examinations

1. Name of the Candidate : Surname other Name
(in Capital Letters)
2. Father's Name :
3. Date of Birth :
4. Name of the Institution
Whether candidate studied :
5. District Centre where authorised :
to appear for examinations
6. Paper/Papers in which appearing : Paper I / Paper II / Paper III
(please strike off which ever is
not applicable)

Signature of the Candidate

Secretary
Board of MPHW (Female) Examination

COMMON BOARD OF EXAMINATIONS FOR MULTIPURPOSE HEALTH
WORKERS (FEMALE) ANDHRA PRADESH :: HYDERABAD

EXAMINATION TO BE HELD DURING

2000

DUPLICATE

HALL TICKET FOR SUPPLEMENTARY CANDIDATES

HALL-TICKET NUMBER

Affix passport
size photograph
to be attested by
secretary
examination

1. Name of the Candidate : Surname other Name
(in Capital Letters)
2. Father's Name :
3. Date of Birth :
4. Name of the Institution
Whether candidate studied :
5. District Centre where authorised :
to appear for examinations
6. Paper/Papers in which appearing : Paper I / Paper II / Paper III
(Please strike off which ever is
not applicable)

Signature of the Candidate

Secretary
Board of MPH (Female) Examination

INSTRUCTIONS TO THE CANDIDATE

1. Candidate 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 material.
4. Candidate 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. Candidate should bring their Practical Records for the Practical Examination
6. Candidates found Malpracticing or Copying from other candidates answer script shall be debarred for the paper and the rest of the examinations thereof.