

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

Passport size photo to be attested by the Principal
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**Application form for Regular Candidates Only**

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 10<sup>th</sup> 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    To     
Date month year date month year

8. Attendances (minimum 75% of attendance) (write yes or no) Sciences  
Paper I \_\_\_\_\_  
Paper II \_\_\_\_\_  
Paper III \_\_\_\_\_

9. Details of Practical Training

PHC/Sub-Centre/ UPWC/PP Unit/ Hospital	Name	Place	From Date	To Date	Subject

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10. Medium in which the candidate  
desire to appear for examination  
Please tick (✓)

Telugu  
English

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

Bank Draft No.	Date	Place	Amount

12. Enclose 2 Pass-port size Photos Separately

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

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### 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 \_\_\_\_\_  
\_\_\_\_\_ and has put in an attendance of % for Theory, Practicals,  
field works as specified below

a) No. of class held during 18 months course.

Theory	Practicals	Field	Total

b) No. of attended by the candidate

c) % of attendance

2. Certified that she has complete her record of practical sand it shall be produced at the time of practical examination
3. Certified that the trainee's conduct and character has been found satisfactory during period of training.
4. Certified that the candidate has successfully completed the Urban and Rural field training and the relevant certificates are enclosed herewith.
5. Certified that the Selection list of the candidates admitted for training course of 18 months as approved by the selection committee is enclosed herewith
6. 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.
7. 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 (2) 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 REGULAR CANDIDATES**

HALL-TICKET NUMBER

1. Name of the Candidate  
(in Capital Letters)

:

Surname

other Name

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  
(Please strike off which ever is  
not applicable)

:

Paper I / Paper II / Paper III

Signature of the Candidate

Secretary

Board of MPH (Female) Examinations

Affix passport  
size  
photograph to  
be attested by  
secretary  
examinations

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

EXAMINATION TO BE HELD DURING 2000

**DUPLICATE**

**HALL TICKET FOR REGULAR 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 W (Female) Examinations

## **INSTRUCTIONS TO THE CANDIDATE**

1. Candidates 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.