

**OFFICE OF THE COMMISSIONER OF HEALTH & FAMILY WELFARE::  
TELANGANA::HYDERABAD**

Application form for Multipurpose Health Workers (Female)  
Training Course Examinations to be held on

Pass port size  
photo to be  
attested by the  
Principal

Application form for Supplementary Candidates Only

**HALL TICKET NUMBER**

1. Name of the candidate : \_\_\_\_\_  
(In Capital Letters)  
as per SSC

2. Father's name :

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

4. Date of Birth : 

Date	Month	Year

5. Identification Marks : 1)  
2)

6. Name of the Institution : Name of Inst. \_\_\_\_\_  
Where candidate underwent  
Training Village / Town \_\_\_\_\_  
District \_\_\_\_\_  
Pincode \_\_\_\_\_

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 :  
desires to appear for  
examinations Telugu  
English

Please tick ( ✓ )

10. Particulars of Examination Fees : Bank Draft No. Date Place Amount  
paid 

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(To be enclosed in original)

11. Details of last Examination appeared and Failed or Absent.

**EXAMINATION APPEARED**

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

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12. Paper / Papers in which the : Paper I P / T  
Candidate now desires to  
appear in the Examination Paper II P / T  
(strike off which ever not  
necessary) Paper III

13. Enclosed the Memorandum of  
marks in original

**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

**CERTIFICATE OF THE PRINCIPAL OF THE INSTITUTION**

1. Certified that Kum \_\_\_\_\_, D/o. \_\_\_\_\_ have undergone 18 months training course of MPH (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 or any of all the required certificates the application of the candidate shall be rejected without assigning any reasons thereof.
4. 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 the Training Institution
5. Certified that the internal marks were already submitted at the time of first appearance as a regular candidate.

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 Principal                    | Yes / No                     |
| 3  | Photo attested by the Principal on application form         | Yes / No                     |
| 4  | 75% of minimum attendance put in                            | Yes / No                     |
| 5  | Practical Training  | Yes / No                     |
| 6  | Memorandum of Marks (Original) earlier attended (All exams) | Yes / No                     |
| 7  | Valid Bank Draft enclosed                                   | 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

Hall – Ticket Number

**COMMON BOARD OF EXAMINATIONS FOR MULTIPURPOSE HEALTH  
WORKERS (FEMALE) TELANGANA::HYDERABAD**

**ORIGINAL**

**EXAMINATIONS TO BE HELD DURING**

**HALL TICKET FOR SUPPLEMENTARY CANDIDATES**

**HALL TICKET NUMBER**

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

Affix Pass port  
size photograph  
to be attested by  
the Secretary  
Examinations

**Signature of the Candidate**

**Secretary  
Board of MPH (Female) Examinations**

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**COMMON BOARD OF EXAMINATIONS FOR MULTIPURPOSE HEALTH  
WORKERS (FEMALE) TELANGANA::HYDERABAD**

**DUPLICATE**

**EXAMINATIONS TO BE HELD DURING**

**HALL TICKET FOR SUPPLEMENTARY CANDIDATES**

**HALL TICKET NUMBER**

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

Affix Pass port  
size photograph  
to be attested by  
the Secretary  
Examinations

**Signature of the Candidate**

**Secretary  
Board of MPH (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 materials
4. Candidates 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. Candidates should bring their Practical Records for the Practical Examination.
6. Candidates found malpractising or copying from other candidates answer script shall be debarred for the Paper and the rest of the examinations thereof.