

To
The District Medical&Health officer
Medak District.

Pass port
size photo
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attestation

Respected Sir.

Application form

Name of the post ; **ANM / MPHA(F)**

Name of the Applicant

S/o / D/o / W/o

Present Address

H.No.

Village;

Mandal ;

District ;

State ;

Pin.No.

Date of Birth

Caste

Mobile No;

1.

2.

Physically Handicapped & Details.

Yes / No. (VH / OH / HH)

D.D. No , Date & Name of the Bank &
Branch & Amount Rs;

Details of qualified Education.

Name of the Training completed	Year of qualified	Maximum marks	Total Marks secured
MPHW(F)			
Vocational MPHW(F)			
Name of the training institution which MPHW(F) course completed.			
Details of School Education	Year of studied	Name of the School & Village	Name of the District (New)
1 st class			
2 nd class			
3 rd class			
4 th class			
5 th class			
6 th class			
7 th class			
8 th class			
9 th class			
10 th class			

DECLARATION OF THE CANDIDATE

The details above stated are found correct best of my knowledge. If any misstatement / discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to terminated without any notice to me or reasons thereof.

Yours faithfully

Signature of the candidate

Check list

Name of the post ; ANM / MPHA(F)

Sl.No.	Details of certificates	Yes / No
1	SSC memo marks certificate	Yes / No
2	Vocational Intermediate memo marks certificate	Yes / No
3	MPHW(F) Provisional certificate	Yes / No
4	MPHW(F) Registration certificate	Yes / No
5	MPHW(F) Memo marks	Yes / No
6	1 year clinical training / Apprenticeship certificate for Vocational Intermediate candidates	Yes / No
7	Caste certificate	Yes / No
8	Bonafide certificate 1 st to 10 th class	Yes / No
9	Physically handicapped certificate if disabled person from SADARAN	Yes / No

Signature of the candidate

Receipt

Received application No. _____ from _____ for the
post of ANM / MPHA(F) .

Signature