

# APPLICATION FORM FOR ANM/HW (F) TRAINING COURSE

To be filled in by candidate's own handwriting

PHOTOGRAPH  
OF  
CANDIDATE

(1) FULL NAME OF THE CANDIDATES RECORDED  
IN THE H.S.C. OR EQUIVALENT CERTIFICATE

( in block letters).....

(2) CATEGORY CLAIMED - GENERAL / S.C. / S.T. / P.H./ Green Card Holder/  
Ex - Servicemen or Servicemen

(Put Tick Mark on whichever is applicable)

(3) Date of Birth.....

(As recorded in H.S.C. or equivalent examination certificate)

(4) Age as on ( the year of admission)

(5) Nationality.....(6) Married/ Unmarried.....(7) Religion.....

(8) Educational Qualification.....

(9) Permanet home Address : -.....

Villase / Town .....

P.O - .....Police Station.....

Tahasil - .....

Dist - .....Ph .....

(10) Present Address .....

( For correspondence ).....

Contact No.....

(11) Full Nane of Father / Husband.....

Occupation.....

Address .....

.....Ph. ....

(12) Guardian's Name ( if father is dead)

Occupation.....

Address .....

Relationship with candidate.....Ph. ....

### (13) Academic Details

Sl.No.	Name of the Examn.	Name of the Board/ Council	Year of Passing	mark secured without extra optional.	% of marks secure without extra optional.	50 % of marks secured.
1	2	3	4	5	6	7
1	H.S.C or its equivalent					
2	+2 or its equivalent					

### (14) Documents and certificate enclosed (put mark)

#### Enclosures No.

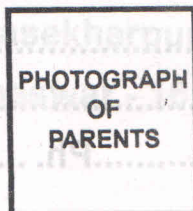
#### Description of document

1. Self attested True copy of passing Certificate & Marksheet of H.S.C. Examination issues by Board of Secondary Education, Odisha or Its equivalent examination as evidence of age. Yes/No.
2. Self attested True copy of passing Certificate & Marksheet of +2 Examination issues by CHSE. Odisha or Its equivalent examination as evidence of age. Yes / No.
3. Self attested True copy of the conduct / Character certificate issued by the principal / Head Master of the Institution Last studied . Yes / No.
4. Self attested True copy of Certificate in support of category claimed (S.C. / S.T. / P.H. / Green Card Holder/ Ex - servicemen or servicemen) Yes or No.
5. Self attested True copy of Residency / Nativity certificate for candidate who claims as permanent resident of Odisha. (As per Appendix-II). Yes or No.

I declared that the above statement of particulars furnished by me are true in all respect and as such, I undertake that if subsequently, I will be found to have given wrong information with regard to the marks, certificates and documents produced by me in connection with my admission, then my name will be immediately removed from the Training Centre in addition to whatever legal action that may be taken against me. I agree to abide by the rules of the Training Centre and Hostel and pay all fees and deposit all other dues as laid down in the training Centre and Hostel Rules or may become due under these rules. I also agree to withdraw myself from training Centre and Hostel should the principle Tutor decide that such withdraw is necessary in the interest of the Institution.

I certify that i do not suffer from mental disease.

I certify that i do not have been prosecuted or convicted for any criminal offence involving moral turpitude.



Date :

Full Signature of the Applicant

Countersigned by Parent / Guardian / Husband

Name .....

Date .....

**APPENDIX - I**

**UNDERTAKING**

( To be filled up by the selected candidates after admission in the respective Training Centre )

Office of the ..... Date.....

Miscellaneous Certificate Case No.....

**RESIDENT / NATIVITY CRTIFICATE**

This is to certify that Sri / Smt. miss .....

Son / Daughter / Wife of Sri. ....

is a native of the district of .....

in the state of orissa and he / she belongs to P.S.....

Tahasil..... in the District of .....

since.....years

The certificate is being granted only for the purpose of A.N.M. / HW (F) Training Course, Odisha.

**ATTESTATION BY PARENT / HUSBAND / GUARDIAN**

The above undertaking has been signed in my presence, I empower Sri / Smt. .... to act as Local Guardian of my daughter / wife, Miss / Smt. .... during the period of her studer. ship in the H.W. (F) Training Centre, .....

Full Signature of the applicant

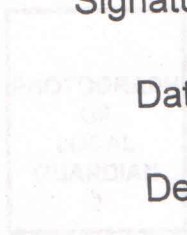
Signature of the competent authority

Date - .....

Date - .....

Round seal of Office

Designation ( with seal of Office)



Full Signature of the student

**APPENDIX -II**  
**UNDERTAKING**

( To be submitted by the selected candidates after admission in the respective Training Centre )

I Sri / Smt. ( Name of the Local Guardian) .....

Address .....

Undertake to act as the Local Guardian of Miss / Smt..... during her period of study in the H.W.(F) Training Centre,.....

I also undertake to act on behalf of the parents / huaband of the said student during the period of study in theH.W.(F)TrainingCentre, ..... for which I have been empowered by the parent / guardian / husband of the said student.

I Further undertake to take custody of the above student as and required by the school authorities and to ensure that she maintain the academic discipline and good conduct during the period if study in the afore said institution.

Place - .....

Date -.....

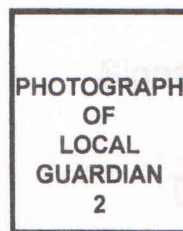
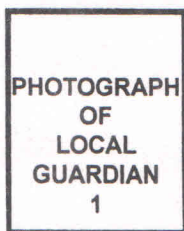
Signaturer in full of the LocalGuardian

**ATTESTATION BY PARENT / HUSBAND / GUARDIAN**

The above undertaking has been signed in my presence, I empower Sri / Smt..... to act as Local Guardian of my daughter / wife Miss / Smt. .... during the period of her studentship in the H.W. (F) Training Centre, .....

Place - .....

Date -.....



Signaturer in full of the  
Parent / Gurdian / Husband

I Undertake that I cannot change or cancell my HW( F) Training after my Admission.

Full Signature of the student

**APPENDIX -III**  
**MEDICAL CERTIFICATE**

CERTIFICATE OF PHYSICAL FITNESS IN RESPECT OF SELECTED  
CANDIDATES FOR ADMISSION INTO THE HEALTH WORKER (FEMALE)  
TRAINING COURSE

Name of the candidates in full ..... Age  
....., Sex - Female, height ....., weight, .....,  
Heart ....., Eye ....., teeth ....., Liver....., Lungs  
....., Spleen....., blood Pressure.....,  
Blood ..... Group

Please indicate if Pregnant .....

Date of L.M.P. ....

Previous Medical History, if any .....

Personal remarks of Identification .....

1. ....

2. ....

I certify that I have examined the above named candidates and cannot discover that she has any diseases, constitutional weakness or bodily infirmity and I consider that the candidate is physically and mentally fit to undergo Health Worker (female) Training Course under Health & F.W. Department.

SIGNATURE OF THE  
CANDIDATES

Signaturer & seal of Medical Officer  
(Govt, of Odisha )  
Designation -  
Date -

**Note :-** This certificate is to be detached for submission only by the selected candidates on the date of counselling. Not to be submitted alongwit Application From.  
This certificate must be obtained from the Govt, Medical Officer not prior to seven days of the counselling date.

## ACKNOWLEDGEMENT

1. Your application for admission into GNM / Health Worker (F) Course received.
2. Your reference No. is .....
3. Please quote above Reference No. in any communication made the office of the

Convener

Principal Tutor

Netaji School of Nursing & ANMTC

Specimen Signature

BBSR

of the candidate

### ADDRESS

( To be filled in by candidate)

To

Smt.-----

C/o. -----

P.O -----

Dist -----

State -----

Pin -----

From

**Principal**

**Netaji School of Nursing & ANMTC**

**Plot No. 262 (B)**

**District Centre**

**Chandrasekharpur**

**Bhubaneswar - 16**