

PROSPECTUS

FOR

ADMISSION INTO

**HEALTH WORKER (FEMALE) TRAINING COURSE
IN GOVERNMENT A.N.M/H.W (F) TRAINING CENTRE OF
ODISHA**

AND

**OTHER INC APPROVED PRIVATE A.N.M/H.W (F)
TRAINING SCHOOLS OF ODISHA**

DURING THE SESSION 2014-15

**Approved by Government of Odisha
Health and Family Welfare Department
vide No. 14706 Dtd.04.06.2014**

Price : Rs.300/- (Rupees Three Hundred) only

**(Please read this Prospectus thoroughly and carefully. Incomplete,
illegible or incorrect applications are liable for rejection)**

1. GENERAL INFORMATION

The session for admission into Health Worker (Female) Training Course commence in the 18 Government H.W (F)/A.N.M Training Centres of the State i.e. ANM TC, Balasore; ANM TC, Baripada, Mayurbhanj; ANM TC Bhubaneswar; ANM TC, Bhawanipatna, Kalahandi; ANM TC, Bolangir; ANM TC, Berhampur, Ganjam; ANM TC, Daspalla, Nayagarh; ANM TC, Deogarh; ANM TC, Dhenkanal; ANM TC, Jeypore, Koraput; ANM TC, Keonjhar; ANM TC, Kendrapara; ANM TC, Phulbani; ANM TC, Puri; ANM TC, Sambalpur; ANM TC, Sundargarh ,ANMTC Boudh,ANMTC Subaranpur,and other Private A.N.M. Training Schools of the State approved by the Indian Nursing Council. The duration of the training course is 2 years which includes theory and practical as per INC guidelines.

2. SELECTION BOARD

2.1 Selection of Health Worker (Female) Training Course will be conducted by a Selection Board until otherwise directed by the Government.

The **State Selection Board** shall consists of :-

- | | | |
|--------------------------------------|---|-----------------|
| a) Director Nursing, Odisha | : | Chairman |
| b) Joint Director,Nursing, Education | : | Vice - Chairman |
| c) Joint Director, Nursing, Clinical | : | Member |
| d) Deputy Director,Nursing | : | Convener |
| e) Secretary, ONMEB, Bhubaneswar | : | Member |

2.2 The **District Selection Board** shall consist of :-

- | | | |
|--|---|--------------|
| a) Principal Tutor | : | Chair Person |
| b) Senior Tutor | : | Convener |
| c) Tutor nominated by Principal Tutor | : | Member |
| d) District Public Health Nurse | : | Member |
| e) Matron / Nursing In-Charge
of the Hospital | : | Member |
| f) CDMO/CMO | : | Member |

2.3 The selection will be done in the office of the Principal Tutor of concerned Govt. Training Centre of Odisha (both for Govt. seats and 50% of seats of private Training School of nursing as state quota) under the supervision of the Chairperson and Convener of the District Selection Board.

2.4 The selection will be made district wise.

2.5 The Admission will be effected through open counselling taking into account the merit of the candidates of the concerned district.

3. DISTRIBUTION OF SEATS:

Seats of the Govt.Institution and 50% seats of Private INC approved Institution will be distributed on the basis of the following reservation policy of the state.

i)16.25% for SC,ii)22.5% for ST,iii)3% for Physically challenged,iv)3% for Ex-servicemen v)5% for Green card holder

Note:-State level Selection Board will work out the detail distribution of seats of both Govt.and INC approved Private institution of the state and communicate to the respective authority for counseling.

- 3.1 (i). In case of non-availability of candidates belonging to Scheduled Caste community, Scheduled Tribe ;candidates can be selected in their place and vice versa subject to other eligibility conditions.
- (ii) In case of non-availability of candidates in any of the reserved category, the remaining seats will be merged in the seats meant for UR Category and will be filled up by the UR candidates on the date of Counselling scheduled for the UR candidates subject to fulfillment of other eligibility criteria.
- (iii) Any seats of Private institution left vacant after Central Counseling will deemed to be remitted back to the Management Quota of the concerned institutions within 2 month.

4. PROSPECTUS AND APPLICATION FORM

- 4.1 Application will be invited for admission into 2 years Health Worker (Female) Training Course from the intending candidates through publication of advertisement in daily News Paper.
- 4.2 Prospectus and application form will be available from the website www.dmethodisha.gov.in (Click view for all advertisement) during the period from 15.06.2014 to 10.07.2014 by 5 P.M. In such case, candidate is to deposit a sum Rs. 300/-(Rupees Three Hundred) only in any SBI Branch, as per the prescribed chalan at appendix - VI of prospectus and submit the original department's slip portion of the chalan along with the filled in application form.

5. ELIGIBILITY FOR APPLICATION

- 5.1 To be eligible to apply for Health Worker (Female) Training Course, the candidate must have passed the +2 or Equivalent examination.
- 5.2 Applicant must have completed 17 years and be within 35 years of age as on 31.07.2014, the year of admission to 1st year H.W.(F). Course.
- 5.3 Must have passed Odia up to M.E. Standard. Candidate should submit photocopy of the H.S.C certificate or other authentic proof that she has passed the Odia up to M.E. Standard.
- 5.4 Must be a permanent resident of Odisha (Declaration as defined in Govt. of Odisha, Home Department Resolution No.38 – Reforms, dated the 18th January 1949 and the Odisha Misc. Certificate 1984). Candidates shall have to submit a certificate of Permanent Residency of Odisha from Competent Authority concerned of the area at the time of submission of application.
(In no case a candidate will be admitted without submission of this certificate)

- 5.5 Only Female candidates are eligible to apply.
- 5.6 Physically Handicapped category candidates should have locomotory disability of lower limbs between between 40% to 50% will be taken in to consideration **(as per details in Clause No.- 7.7)**

6. SUBMISSION OF APPLICATION

- 6.1 Candidates are required to submit their applications (along with requisite documents) complete in all respect by **Registered Post / Speed Post / Courier** only to **the Chair Person, Health Worker (F) District Selection Board and Principal Tutor of concerned District Govt. ANM Trg.Centre, as per Appendix –VII ENCLOSED ON** on or before 10.07.2014 by 5PM. Application received by the Chairperson after the last date shall not be considered.
- 6.2 Envelope containing applications for more than one individual or applications posted by other than Registered Post / Speed Post / Courier shall not be accepted and will be rejected.
- 6.3 The envelope containing application form shall be prominently superscribed **“Application for admission into Health Worker (Female) Training Course 2014-15”**.
- 6.4 Application Form must be filled in by the candidate’s own hand writing and correction made, if any, must be legibly initialed by the candidate.
- 6.5 The office shall not be held responsible for any postal delay or loss in transit.
- 6.6 Application must be completed in all respects. Application that are unprescribed, incomplete, illegible or incorrectly filled in or incorrectly addressed or not accompanied with required documents shall be summarily rejected.
- 6.7 The candidate must write address of self on the acknowledgement card correctly with requisite postal stamp and enclose the same with the application in the envelope.

Note - Rectification of defects or deficiencies after last date of receipt of Application From will not be entertained.

7. DOCUMENTS TO BE FURNISHED BY THE CANDIDATE ALONGWITH APPLICATION

(Clear, self attested true copies of the required documents should be attached to the application form)

- 7.1 Self attested True copy of pass certificate of Board of Secondary Education or its equivalent examination with date of birth recorded therein for evidence of age. Other certificates of age, such as certificate from Headmaster / Principal of the School / College, Birth Certificate from Hospital / Municipality / Affidavits, etc. will not be accepted.

Applications without authentic evidence of age as mentioned above shall be rejected.

- 7.1.A** Self attested True Copy of Pass certificate of + 2 examination issued by CHSE,Odisha or its equivalent examination.
- 7.2 (a)Self attested True copy of the Mark List of the HSC examination issued by Board of Secondary Education,Odisha or its equivalent. Examination

- 7.2.(b) Self attested True copy of +2 mark sheet issued by CHSE,Odisha or its equivalent examination
- 7.3 One copy of recent passport size photograph duly attested in the front side by a Gazetted Officer with seal should be pasted in the space provided in the Application Form.
- 7.4 Self attested true copy of conduct and character certificate from the Headmaster / Principal of the School / College last studied.
- 7.5 In case of candidates belonging to SC /ST community, self attested Xerox copy of certificate from the competent authority in the form appended (**Appendix – I**).

Note– For the purpose of Paras 7.5 & 5.4, only District Magistrate / Additional District Magistrate / Sub-Divisional Officer / Tahasildar / Additional Tahasildar are the competent authority.

- 7.6 Self attested true copy of certificate issued by the Community Development / PanchayatiRaj Department / District Social Welfare Officer, Government of Odisha for Physically Handicapped candidates. The percentage of disability should have locomotory disability of lower limbs between 40 to 50 % will be taken into consideration.
- 7.7 Self attested true copy of certificate in the prescribed form from the Chief District Medical Officer of the concerned District, in case of candidate claiming the seat reserved for children of Green Card Holders. In case of any difference of the name and date of birth of the applicant with the name and date of birth indicated in the Green Card certificate, an Affidavit duly authenticated by the Honourable Court must be produced along with Application Form failing which the Application will be rejected. **Self attested true copy of the entire Green Card must be enclosed along with the Application Form with an undertaking, whether married / unmarried.** If there are two children of the parent then only one of the child can avail the benefit only once.
- 7.8 Self attested true copy of the certificate in the prescribed form from the Station Commanding Officer / Commanding Officer in charge of Zilla / Rajya Sainik Board in case of candidate claiming seat reserved for children of Ex-Servicemen / Servicemen.(**Appendix – III**)
- 7.9 Attested copy of authentic proof that the candidate has passed Odia upto ME Standard.
- 7.10 Original Department's slip portion of State Bank of India Challan for Rs.300/- (Rupees Three Hundred) only towards application fees.

- Note - (i) All selected candidates shall have to submit an undertaking from the Local Guardian in the proforma prescribed (Appendix – IV) after admission in their respective Training Centres.**
- (ii) The candidates are instructed to submit attested copies of the certificate wherein the candidate's full signature with date should be attested by the attesting authority.**

8. SELECTION

- 8.1 Selection will be made on the basis of merit judged according to career marks in 10th and +2 examination. 50% credit will be given to each examination marks without extra optional.
- 8.2 In case of more than one candidates having equal marks in career aggregate inter-se-merit shall be decided according to their seniority in date of birth.
- 8.3 If a candidate will be found to have furnished any false information or involved in criminal offences or has withheld or concealed any relevant information to gain any undue advantage, her application will be rejected and admission refused. If admission has already been allowed and fraud as stated above is detected, the admission of the candidate will be cancelled at any stage of her study and such other action as deemed necessary can be taken against the candidate. The forged certificate / mark list or any other document will not be returned to the candidate.
- 8.4 Eligible candidate as per their merit will be directed to appear before the Selection Board on the schedule date, time and place for admission through Counselling.
- 8.5 In all matters relating to eligibility of candidates for selection, placement and admission to 2 years Health Worker (Female) Training Course, the decision of the Selection Board shall be final. The course is purely residential.

9. ADMISSION

- 9.1 A selected candidate shall be required to produce all original documents at the time of counselling and admission. In case if a candidate fails to submit the original S.L.C / C.L.C. at the time of counselling / admission, she may be admitted with an undertaking to submit the S.L.C./ C.L.C. in respect of the School at the time of joining positively failing which her admission will be cancelled and the amount paid by the candidate towards admission fee will be forfeited.
- 9.2 The candidate must not be mentally ill and must be physically fit for the Nursing work, at the time of admission. The selected candidates are required to submit a fresh Medical Certificate duly filled in and signed by an Medical Officer (Government of Orissa) on the date of counselling as per the prescribed proforma attached in the Prospectus (**Appendix – V**).
- 9.3 For Physically Handicapped candidates medical examination to be conducted by District Special Medical Board prior to Counselling and the report of the District Special Medical Board will be treated as Final.
- 9.4 In addition to the documents already submitted at the time of admission, an undertaking from a Local Guardian as per **Appendix – IV** of the application form which should be signed by the Parent / Guardian of the candidate and by the Local Guardian must be furnished.
- 9.5 At the time of counselling / Admission, the candidate will be asked to choose the Training Centre (as per available vacancy) and exercise the same in writing. **Option once exercised, is “FIRM” and “FINAL” and cannot be changed under any circumstances.** In case the candidate does not turn up for Counselling / Admission, it will be presumed that she is not interested for admission and her claim will be forfeited and will not be entertained in future under any circumstances.

9.6 The following fees will be collected from the candidate at the time of Admission

Government Sector

1	Tuition fees	R5000/- per annum
2	Caution Money (Refundable)	Rs.500/- (one time)
Total		Rs.5,500/-

A caution money one time of Rs. 500/- at the time of admission (Reimbursable on leaving the School). Besides the above the messing charge may be charged extra.

Private Sector

1	Tuition Fees (including Rs.300/- which will be deposited in the hospital for Clinical Training)	Rs.21000/- per annum
2	Development Fees	Rs.6000/- per annum
3	Other Fees	Rs.1500/- per annum
Total		Rs.28,500/-

The above fees structure can be revised during the course period as per the decision of Fees Structure Committee constituted by Government. Both the hostel fees, messing fees may be charged.

9.7. Pre-registration in the month of October will be done by the Board for 1st year new students in each admission year.

10. HOSTEL ACCOMODATION

10.1 There is provision for accommodation in the A.N.M./Health Worker (Female) Training Centre for the candidates. However, in exceptional circumstances, the genuineness of candidates will be considered by the Director Nursing Odisha, Bhubaneswar and his/her decision is final in respect of outside hostel accommodation.

The candidates are to abide by the Rules and Regulations of the concerned Institutions and Hostel, during the period of study. If any of them will be found to be involved in immoral activities, unruly and undisciplined conduct, she will be liable for due punishment by the concerned Principal Tutor under intimation to the Director of Nursing, Odisha, Bhubaneswar.

10.2 UNIFORM

Selected candidates after admission are to wear uniform. Hence they are to bring uniform i.e. white saree and blouse / Salwar and Kurta for Hospital and blue saree and blouse / Salwar Kurta for community for the Ward and filed duties alongwith personal belongings including mosquito net.

11. STIPEND

- 11.1 On admission in the Training Centre, stipend will be paid in each month as per existing Rules of Government of Odisha, subject to receipt of the allotment of the same from Director Nursing, Odisha, Bhubaneswar. (only Government Students).
- 11.2 In case of discontinuance from study on any ground the stipend already received by the candidate would be recovered in full as per the provisions of the Bond and Agreement.

11.3 VACATION & HOLIDAYS

Annual Vacation	-	30 Days.(can be divided)
Sick Leave	-	10 Days
Preparatory Leave		7 Days.

12. DISCIPLINE

- 12.1 Absence of a student beyond 15 days in addition to the prescribed leave will not be allowed to rejoin again except in case of candidate admitted on health ground subject to production of medical certificate from competent authority.
- 12.2 The student should not indulge herself into criminal offences. If found involved in such activities, she will be removed from the Training and the stipend received by her during training period will be recovered in one installment.
- 12.3 **As per direction of hon'ble supreme court of India dated 16.05.2007 Passed in SLP (C) NO.24295/2004, SLP NO.14356/2005,W.P (C) NO.173/2006 AND SLP (C)NO. 24296-24299/2004.**
- If any incident of ragging comes to the notice of the authority, the concerned student shall be given liberty to explain and if her explanation is not found satisfactory, the authority would expel her from the institution.**
- 12.4 **No application for change of Training Institution during the training period will be entertained.**
- 12.5 No application for change of Training Institution (from Private Sector to Government Sector or from Government Sector to Private Sector or from Government Sector to Government Sector or from Private Sector to Private Sector) during the training period will be entertained.

13. IMPORTANT INFORMATION

Original documents to be brought on the day of the Counselling.

- Intimation letter in original.
- Original / Provisional HSC and +2 Examination pass Certificate issued by the Board / Council.
- Original HSC and +2 Examination Marksheet issued by the Board/Council or its equivalent .
- Original caste certificate (in case of SC/ST candidate)issued only by the competent authority as per appendix-1

- e) Original P.H. certificate issued by the competent authority (in case of Physically Handicapped candidates only).
- f) One copy of recent passport size photograph duly attested by a Gazetted Officer on the front side.
- g) Original character /conduct certificate from the Head of the Institution last attended.
- h) Original Residential / Nativity Certificate from competent authority as per Appendix- II.
- i) Original certificate from competent authority in support of being children of Ex-Serviceman / Serviceman (in case of candidates claiming to be daughter of Ex-Serviceman / serviceman only) as per Appendix - III
- j) Original Green Card (with all pages) issued by the Chief District Medical Officer concerned, Health & Family Welfare Department, Government of Orissa (in case of children of Green Card Holder only).
- k) Original School / College Leaving Certificate / Transfer Certificate.
- l) Original Medical Certificate in the prescribed form in Appendix – V.
- m) Original HSC certificate or other authentic proof of passing Odia upto M.E standard.

NOTE :- All the above original certificates, mark sheet & other documents will be verified during the counseling with respect to category and reservation that the candidate is claiming. Claims for admission will be rejected if the candidate cannot submit the certificates, mark sheets and other necessary documents in original at the time of Counselling. Undertaking for extension of time for submission of original documents will not be entertained except original SLC /CLC as provided for in clause-9.1.

APPLICATION FORM FOR ANM/ HW (F) TRAINING COURSE 2014 -15

To be filled in by candidate's own handwriting

Affix here a
passport size
photograph
attested by a
Gazetted officer
on the front side.

(1) FULL NAME OF THE CANDIDATE AS 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 /
(Put Tick mark on whichever is applicable). Ex - Servicemen or Servicemen

(3) Date of Birth
(As recorded in H.S.C. or equivalent examination certificate)

(4) Age as on 31.07.2014 (the year of admission)

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

(8) Educational Qualification

(9) Permanent home Address :-

Village / Town

P.O -Police Station

Tahasil -

Dist. - Pin

(10) Present Address

(For correspondence)

Contact No.....

.....Pin.....

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

Occupation

Address

.....

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

Occupation

Address

.....

Relationship with candidate

13. Academic Details

Sl.No.	Name of the Examn.	Name of the Board/Council	Marks secured without extra optional	% of marks secured without extra optional.	50% of % of marks secured
1	2	3	4	5	6
1	HSC or its equivalent				
2	+2 or its equivalent				

(14) **Documents and Certificates enclosed (Put $\sqrt{\quad}$ mark)**

Enclosures No.

Description of document

1. Self attested True copy of pass certificate of H.S.C Examination issued by Board of Secondary Education, Odisha or its equivalent examination as evidence of age. Yes / No
2. Self attested true copy of pass certificate of +2 Examination issued by CHSE ,Odisha or its equivalent Examination. Yes / No
3. Self attested true copy of mark list of HSC examination issued by the Board of Secondary Education, Odisha or its equivalent examination. Yes/No
4. Self attested true copy of mark list of +2 examination issued by CHSE ,Odisha or its equivalent examination. Yes/No.
5. Attested copy of the conduct /character certificate issued by the Principal / Head Master of the Institution last studied Yes/No.
6. One attested copy of recent passport size photograph (to be affixed in space provided in the application form) Yes / No
7. Original Departmental slip portion of SBI chalan of Rs.300/- Yes / No
8. Attested copy of certificate in support of category claimed (S.C./S.T. /P.H./ Green Card Holder / Ex-Servicemen or Servicemen) Yes / No
9. Attested copy of Residency / Nativity certificate for candidate who claims as permanent resident of Odisha. (As per Appendix-II). Yes / No

10. Attested copy of Certificate from the concerned authority as authentic proof of passing Odia up to M.E. Standard Yes / No

DECLARATION

I declare that the above statement of particulars furnished by me are true in all respects 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 Principal Tutor decide that such withdrawal is necessary in the interest of the Institution.

I certify that I do not suffer from mental disease.

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

Full Signature of the Applicant

Date :

Countersigned by Parent / Guardian/ Husband

Name

Date :

Date

APPENDIX - I

CASTE CERTIFICATE

Miscellaneous Certificate No.

This is to certify that Sri / Smt. / Miss

Son / Daughter / Wife of Sri

of Village / Town

P.S. Tahasil

in the District of in the State of Odisha

belongs to the Caste / Tribe which is recognised as Scheduled Caste / Tribe under Constitution (Scheduled Caste / Tribe) order 1950 as amended by the Scheduled Castes and Scheduled Tribes (Amendment) orders Act 1976.

Sri / Smt. / Miss and

..... family are ordinarily reside in Village / Town

..... P.S.

Tahasil in the District of of the State of Odisha

Full Signature of the applicant

Signature of the competent authority

Date -

Round seal of Office

Designation (with seal of officer)

APPENDIX - II

FORM No. III

Office of the Date

Miscellaneous Certificate Case No.

RESIDENT / NATIVITY CERTIFICATE

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
- 2014- 15 Odisha

Full Signature of the applicant

Signature of the competent authority

Date -

Round seal of the Office

Designation (with seal of officer)

APPENDIX-III

**GOVERNMENT OF ODISHA
OFFICE OF THE ORISSA SAINIK BOARD,**

BONAFIDE CERTIFICATE

1. Certificate that No. _____ Rank _____
Name _____ Vill _____
P.O. _____ P.S. _____
Dist. _____ (Odisha) is a bonafide
Serviceman/ Ex-serviceman of the Indian Army/Air force/Navy/CRPF/BSF.(In
case of widow: (Name) Smt. _____
date of death of husband _____, Cause of death: Battle
Casualty killed in action/death on duty attributable to Military Service/death after
discharge from Armed Forces*). He/ She been issued with Ex-serviceman/ Identify
Card bearing Machine No. _____.

2. Shri/Kumari _____ is the
dependent son/daughter of the above named Ex-serviceman/widew of serviceman/
Ex-serviceman. His/Her date of birth is _____ as per
his/her Birth Certificate/ SLC/Mark-sheet/ Exam. Admit Card/ Board Certificate/
Military Discharge Book/issued by the _____ bearing
Srl. No. _____ He/She is eligible for admission in Education/
Technical Institutions in seats reserved for the children of Defence Serviceman/
Ex-serviceman personnel/ Defence personnel killed in action.

(*Strike out those are not applicable)

Place:

Date:

Secretary
Odisha Sainik Board/Razya Sainik/
Zilla Sainik Board

(Office Seal)

APPENDIX - IV
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.

..... Daughter / Wife of Sri

..... during her period of study in the H.W.(F) Training Centre,

I also undertake to act on behalf of the parents / husband of the said student during the period of study in the H.W.(F) Training Centre, 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 when required by the school authorities and to ensure that she maintains the academic discipline and good conduct during the period of study in the aforesaid institution.

Place -

Signature in full of the Local Guardian

Date -

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 -

**Signature in full of the
Parent / Guardian / Husband**

Date -

Signature in full of the Student

APPENDIX - V
MEDICAL CERTIFICATE

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

Name of the Candidate 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 candidate 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
CANDIDATE**

**Signature & 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 alongwith Application Form.**
- **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 Health Worker (F) Training Course 2014–2015 received.
2. Your reference No. is
3. Please quote above Reference No. in any communication made with the office of the Convener

Specimen Signature
Of the candidate

Chairperson,
District HW (F) Selection Board
and Principal Tutor, ANM TC,
.....

ADDRESS

(To be filled in by candidate)

Affix Postage Stamp worth Rs.6.00

To

Smt. _____

C/o- _____

P.O.- _____

Dist.- _____ State - _____

Pin - _____

From
Chairperson, District HW (F) Selection Board 2014-15 and Principal Tutor, ANM TC,

List of ANM training Centres to which candidate will apply

SL. NO	Name of the Training centre/District	
1	ANM TC BALASOR	BALASOR, BHADRAK
2	ANM TC BARIPADA	MAYURBHANJA
3	ANM TC BERHAMPUR	GANJAM, GAJAPATI
4	ANM TC BHAWANIPATNA	KALAHANDI,NUAPADA
5	ANM TC BHUBANESWAR	KHURDA
6	ANM TC BOLANGIR	BOLANGIR
7	ANM TC DASPALLA	NAYAGARH
8	ANM TC DEOGARH	DEOGARH
9	ANM TC DHENKANAL	DHENKANAL, ANUGUL
10	ANM TC JEYPORE	KORAPUT, MALKANGIRI, RAYAGADA, NABARANGPUR
11	ANM TC KENDRAPADA	KENDRAPADA, JAGATSINGPUR,JAJPUR,CUTTACK
12	ANM TC KEONJHAR	KEONJHAR
13	ANM TC PHULBANI	KANDHAMAL
14	ANM TC PURI	PURI
15	ANM TC SAMBALPUR	SAMBALPUR, BARAGARH
16	ANM TC SUNDARGARH	SUNDARGARH,JHARSUGUDA
17	ANM TC BOUDH	BOUDH
18	ANM TC SONPUR	SUBARNAPUR

