

**National Health Mission**  
**State Health & Family Welfare Society, Tripura**  
Health & family Welfare Department- Govt. of Tripura  
Palace Compound, Agartala

**Hello: 0381-2300136, Fax: 0381-2200453, E-mail: [shfws\\_tripura@yahoo.co.in](mailto:shfws_tripura@yahoo.co.in).**

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**No.F.3 (5-3265)FWPM/SHFWS/ 2017 - Sub-1**

**January, 2019**

**MEMO**

In reference to the MERIT LIST published in the NHM Website vide even no. No.F.3 (5-3265) - FWPM/SHFWS/ 2017, Sub-I, dated 21<sup>st</sup> December - 2018 of State Health & Family Welfare Society, Tripura for undergoing **6 month Course in Community Health** under Bridge Course for the post of **Community Health Officer**, candidates are requested to download the attached format & the said format has to be filled up & submitted with relevant documents as asked in the format.

To sign the BOND, signature of Parent / Guardian is must on 14<sup>th</sup> January 2018 at Pragna Bhaban Hall no: I & one copy of ADHAAR of the Parent / Guardian also required completing the procedure.

  
**I/C Mission Director,**  
**National Health Mission**  
Government of Tripura.

**Copy to:**

1. Dr. Kamal Reang, SNO- Certificate Course in Community Health-SHFWS for information.
2. Traininig Co-ordinator- SHFWS to please arrange the same (Venue hiring, fooding for resource persons & other logistics).

**Copy also to:**

1. PS to the Secretary, H&FW Department, Government of Tripura for kind information to Secretary, H&FW please.
2. Director of Health Services, Government of Tripura for kind information
3. Director of Family Welfare & Preventive Medicine, Government of Tripura for kind information.

  
**I/C Mission Director,**  
**National Health Mission**  
Government of Tripura.

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
**MAIDAN GARHI, NEW DELHI 110068**  
**APPLICATION FORM**

to be submitted only at the concerned REGIONAL CENTRE

1. Please read the instruction before filling up the Application Form.
2. Please use Black/Blue Ball point pen in the boxes using English CAPITAL LETTERS or English Numerals.
3. Write in CAPITAL LETTERS only within box. Leave blank between words as shown in the example below:

A B C D E F G I J K L N O P Q R S T U V X Y Z 0 1 2 3 4 5 6 7 8 9

Application Number

Enrolment No. (For Office use)

1. Name of the Programme Applied:

2. Programme Code:

3. Medium of Study:  A1 English  
 B2 Hindi  
 C3 Others, Pl specify

4. Regional Centre Code:

5. Study Centre Code:

6. State Code:

**PHOTOGRAPH**

Kindly affix your  
 latest passport size  
 (4 cm X 5 cm)  
 photograph duly  
 attested by you

7. a) Are you already registered with IGNOU:  If yes, Prog. Code:   
 (Please write relevant A1 YES  
 code in the BOX) B2 NO  Enrol. No.:

8. Name of the Candidate:   
 (Please refer Instruction  
 Page on NAME)

9. Father/Husband Name:  /o   
 (Please write S/o or D/o for  
 Father/Mother's Name  
 and W/o for Husband's Name)

Signature of the Applicant

10. Address for Correspondence: (Please do not give POST-BOX Number. Use Capital Letters and give space between words)

a) House No.:  b) Street Name:

c) Locality/Mohalla:

d) Tehsil/District:

e) City:  f) PIN Code:

g) State:

11(A). Contact Details: a) Landline No:  b) e-mail ID:   
STD Code Phone Number

11(B). Aadhar No.  c) Mobile No.:

12. Date of Birth:     
Date Month Year

13. Nationality:  A1 Indian  
 B2 Others,  
 Pl specify

14. Gender:  A1 Male  
 (Please write B2 Female  
 relevant code C3 Others  
 in the BOX)

15. Category:  A1 General  
 (Please write B2 SC  
 relevant code C3 ST  
 in the BOX) D4A OBC (Creamy)  
 D4B OBC (Non-Creamy)

16. Area:  A1 Urban  
 (Please write B2 Rural  
 relevant code in C3 Tribal  
 the BOX)

17. Marital Status:  A1 Married  
 (Please write B2 Single  
 relevant code in the BOX)

18. Religion:  A1 Hindu  
 (Please write B2 Muslim  
 relevant code C3 Christian  
 in the BOX) D4 Sikh  
 E5 Jain  
 F6 Buddhist  
 G7 Parsi  
 H8 Jews  
 I9 Others

19. Whether Minority:  A1 Yes  
 (Please write B2 No  
 relevant code in the BOX)

20. Social Status:  A1 Ex-Serviceman  
 (Please write B2 War Widows  
 relevant code C3 Not Applicable  
 in the BOX)

21. Whether Kashmiri Migrant:  A1 Yes  
 (Please write B2 No  
 relevant code in the BOX)

22. Employment Status:  A1 Unemployed  
 (Please write B2 IGNOU Employee  
 relevant code C3 Employed  
 in the BOX) D4 KVS Employee

23. Details of Scholarship being received, if any

a) Annual Scholarship Amount:  Rs.  b) Deptt offering Scholarship:  c) Family Income (annual)  
 Rs.  d) Below Poverty Line  e) Jail Inmates  
 A1 Government B2 Others A1 Yes B2 No A1 Yes B2 No

24. a) Whether a person with Disability:  A1 Yes  
 (Please write B2 No  
 relevant code in the BOX)

b) If yes, kindly provide details of disability:  
 (Please write relevant code in the BOX. If E5, tick relevant box as well)

A1 Speech and Hearing Impairment  
 B2 Locomotor Impairment  
 C3 Visual Impairment  
 D4 Low Vision  
 E5 Any other, please specify

Leprosy Cured  
 Mental Retardation  
 Mental Illness

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>25. Relevant Qualifications (which make you eligible for application to the programme):</b>  |  |   |   |  |  |
| <b>a) Qualification:</b><br><input type="text"/><br>CODE  | <b>b) Main Subjects:</b><br>1. _____<br>2. _____<br>3. _____<br>4. _____ | <b>c) Year of passing</b><br><input type="text"/><br>Last two digits of the Year  | <b>d) Division</b><br><input type="text"/><br>01, 02, 03 or 04 for pass | <b>e) %age of Marks</b><br><input type="text"/><br>Without decimal   | <b>f) Board code/University</b><br><input type="text"/><br>Wherever required |
| <b>26. Details of Fee remittance</b>  |  |   |   |  |  |
| <b>a) Mode of payment:</b><br>(Please write relevant code in the BOX)<br>A1 Cash Challan <input type="text"/><br>B2 Demand Draft <input type="text"/>   |  | <b>b) Amount: Rs.</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Please add Rs. 300/- in case of Late Fee |   |  |  |
| <b>c) DD/Challan Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |  |   |   |  |  |
| <b>d) Date of DD/Challan No.:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |  |   |   |  |  |
| <b>e) Bank Name:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |  |   |   |  |  |
| <b>27. Simultaneous Programme/Course Options: MSCDFS/MTTM/DDT/DMT/DPVCPO/DFPT/DWM/DPVAPFV applicants only:</b>  |  |   |   |  |  |
| <b>MSCDFS applicants:</b><br>(Please write relevant code in the BOX)<br>A1 CFN <input type="text"/><br>B2 CNCC <input type="text"/>   |  | <b>MTTM applicants:</b><br>(Please write relevant code in the BOX)<br>A1 Category 1 <input type="text"/><br>B2 Category 2 <input type="text"/>  |   | <b>DDT/DMT/DPVCPO/DFPT/DWM/DPVAPFV applicants</b><br>Willing to pursue BPP (In case of YES, please take Optional courses under BPP) <input type="checkbox"/><br>(Please write relevant code in the BOX)<br>A1 Yes <input type="text"/><br>B2 No <input type="text"/> |  |
| <b>28. Elective/Optional Courses:</b>   |  |   |   |  |  |
| 1 year Semester   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>   |
| 2 year Semester   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>   |
| 3 year Semester   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>   |
| 4 year Semester   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>   |
| 5 year Semester   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>   |
| 6 year Semester   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>   |
| <b>BPP Applicants: (✓ any two courses)</b><br>OMT101 <input type="text"/><br>OSS101 <input type="text"/><br>PCO1 <input type="text"/>   |  | <b>BA/BCOM/BSC/BSW/BTS applicants: please refer Annexure 1 (a) for selecting courses:</b>   |   |  |  |
|   |  | <b>FOUNDATION COURSES of 8 credits</b>  |   | <b>ELECTIVE COURSES of 16 credits (No option for BTS/BSW)</b>  |  |
|   |  | <b>a) BEGF1 or FHD2</b><br>(BEGF1 is compulsory for BTS)  |   | <input type="text"/>   |  |
|   |  | <b>b) Any one course from list at Annexure 1 (a)</b>  |   | <input type="text"/>   |  |
| <b>MA (EDU) applicants:</b><br>Any ONE from A1/A2/A3/A4/A5 <input type="text"/><br>(Details given at Annexure 1 (b))  |  | <b>MUS applicants:</b><br>Any TWO courses from Annexure 1 (c) <input type="text"/>  |   | <b>MAPY applicants:</b><br>Any SIX courses from Annexure 1 (d) <input type="text"/>  |  |
| <b>MCA applicants:</b><br>(✓ for opting BCS12) For non-maths stream <input type="text"/>  |  | <b>PGDBP/CAFÉ/DAQ applications:</b><br>Any TWO courses from Annexure 1 (e) <input type="text"/>   |   | <b>PGDDM/PGDEMA/ PGDUPDL/PGDRD applicants:</b><br>Annexure 1 (f) <input type="text"/>  |  |
| <b>DTS applicants:</b><br>Any TWO courses from one Group TS4 and PTS4 OR TS5 and PTS5 OR TS6 and PTS6 <input type="text"/>  |  | <b>DCE applicants:</b><br>Any THREE courses DCE2/ DCE3/DCE4/DCE5 <input type="text"/>   |   | <b>CHCWM</b><br>(any four courses) from appendix 1 (g) <input type="text"/>  |  |
| <b>29. Declaration and Undertaking:</b>   |  |   |   |  |  |
| I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. To the best of my knowledge and belief, I fulfill the minimum eligibility criteria and I have provided necessary information and relevant self-attested documents with this application. I further undertake that I have not concealed or distorted any information and in the event of any information or self-attested documents is found to be incorrect, false or misleading, my candidature shall be liable for cancellation by the University at any time and I shall have no claim of any nature including refund of any fee paid by me and all the benefits availed by me shall be summarily withdrawn. I do undertake that I have carefully studied the rules of the University as printed in the Prospectus and I accept them in totality and shall not raise any dispute over the same. I do understand that the University can amend or change any rules without advance intimation and I will be abiding by them. |  |   |   |  |  |
| Place: _____  |  | <input type="text"/>  |   |  |  |
| Date: _____   |  | Signature of the Applicant  |   |  |  |
| <b>(FOR OFFICE USE ONLY)</b>  |  |   |   |  |  |
| <input type="checkbox"/> ADMITTED   |  | <input type="checkbox"/> NOT-ADMITTED   |   | Reason for NOT-Admitting<br>_____  |  |
|   |  |   |   | Signature with Date of Admission In-charge, Regional Centre<br>_____   |  |