

**FORM NO.12 (O.N.M.E.B)**  
**ODISHA NURSES & MIDWIVES EXAMINATION BAORD**

1<sup>st</sup> / 2<sup>nd</sup> year Examination for certificate for Female Health Workers for \_\_\_\_\_ 20

To

**THE SECRETARY  
ODISHA NURSES & MIDWIVES EXAMINATION BOARD  
BHUBANESWAR.**

SPACE FOR  
PHOTOGRAPH

Sir,

I request permission to appear at the ensuing 1<sup>st</sup> / 2<sup>nd</sup> year Examination for the certificate of Female Health Workers.

The fees of \_\_\_\_\_ is forwarded herewith

1. Name in full (Block Letters) \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Date of birth (as per Matriculation Certificate) \_\_\_\_\_
4. Permanent Address \_\_\_\_\_  
\_\_\_\_\_
5. Training Institution \_\_\_\_\_
6. Age on the first day of the month of Exam \_\_\_\_\_
7. General education qualification passed with date of passing \_\_\_\_\_  
(True copy of the Matriculation H.S.C. & +2 (certificate) attested by the Principal of the Institution to be attached)
8. Marks of identification \_\_\_\_\_

Yours faithfully,

**Signature of the Candidate**

Date \_\_\_\_\_

**CERTIFICATE**

I hereby certify that \_\_\_\_\_ has conformed to the rules of the 1<sup>st</sup> / 2<sup>nd</sup> Year examination for Female Health Workers of the Odisha Nurses & Midwives Examination Board. She has undergone the requisite period of training and fulfilled all the conditions laid down in the syllabus for the purpose.

I certify that \_\_\_\_\_ is in my opinion a suitable candidate for the examination.

**Signature of the Head of the  
Institution / Hospital**

Date \_\_\_\_\_