

(Format for Certification from Principal for applying for CHO)

*For Candidates who have successfully completed B.Sc. (Nursing) with Integrated curriculum of Certificate in Community Health for Nurses (CCHN) OR Post Basic B.Sc. (Nursing) course with Integrated curriculum of Certificate in Community Health for Nurses (CCHN) from an Indian Nursing Council/State Council recognized Institute or University from academic year 2020 onwards.*

**College Letter Head**

Letter No ..... Dated ...../...../.....

**CERTIFICATE**

This is to certify that Mr./Ms./Mrs./.....

Son/Daughter/Wife of ..... having University

enrolment number ..... has completed B.Sc. Nursing/Post

Basic B.Sc. Nursing course with Integration of Middle Level Health Provider

(MLHP) course/Certificate in Community Health, specified by Ministry of

Health and Family Welfare, Govt. of India for qualification of CHO,

Notification no ..... Dated ...../...../..... of this

University (attached).

*Signature & Name of Principal  
with Seal of College*

Note : The aforesaid certification should be issued on concerned Institution Letter Head only. Otherwise, the same will not be considered valid and application liable for rejection.