

GOVERNMENT OF ANDHRA PRADESH  
DISTRICT MEDICAL & HEALTH OFFICE:: KADAPA, YSR DISTRICT.  
NOTIFICATION NO. 02 / 2024.

**APPLICATION FORM**

APPLICATION NO:	
(TO BE FILLED BY THE OFFICE)	

AFFIX PHOTOGRAPH  
HERE

APPLICATION FOR THE POST OF **DATA ENTRY OPERATOR**

1.	Name of the candidate:	
2.	Name of the Father	
3.	Mobile No.	
4.	Gender (Male/Female)	
5.	Date of Birth	
6.	Social Status (OC/SC/ST/ BC-A,B,C,D,E/ EWS-valid for F.Y 2023-2024)	
7.	Status (Local/Non Local)	
8.	Whether belongs to PH category, If yes, Specify details. (VH / HH / OH)	Yes / No
9.	Whether belongs sports category, if yes(details of Sports)	
10	Whether belongs to Ex Service man/woman	
11	Whether working on Contract / Out Sourcing Basis in Medical and Health Dept. (If yes enclose Service Certificate from the Concerned Authority)	Number of years of Service working in government institution ( M & H)
12	Having any other Preferential Qualification - if yes mention details.	

13. **APPLICATION PROCESSING FEE:** Rs. 500/- to be paid in favor of District Medical and Health Officer, Kadapa **through online transaction.** to the A/c. No. 116312010001469, Bank Name : UNION BANK OF INDIA, LIC DIVISION OFFICE BRANCH, KADAPA, IFSC Code: UBIN0811637

Transaction / Counter Foil No.	Amount	Mode of Payment

**14. DETAILS OF SCHOOL EDUCATION :**

Class	Year of Passing	Name of the School & Place	District
IV			
V			
VI			
VII			
VIII			
IX			
X			

**15. MARKS OBTAINED IN THE REQUISITE QUALIFICATION :**

Name of the Requisite Qualification for the post applied	Name of the College & University	Marks obtained			A.P. Para Medical Board Regd. No. for the post of LT and STLS
		Year	Max. Marks	Marks obtained	
		Total			

**16. ADDRESS FOR COMMUNICATION ALONG WITH MOBILE NUMBER :**

NAME	:	
Father's / Husband's Name	:	
Present Residential Address	:	
E-mail ID	:	
Mobile No.	:	

**DECLARATION**

I \_\_\_\_\_ S/o. / D/o. \_\_\_\_\_ declared that the particulars given above are correct to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnished in my application being found incorrect or false at a later date my appointment will be cancelled summarily.

Date:

Signature of the Applicant.