

**GOVERNMENT OF ANDHRA PRADESH
NOTIFICATION FOR RECRUITMENT OF CONTRACT BASIS/OUT
SOURCING:: SRIKAKULAM DISTRICT**

APPLICATION FOR THE POST OF: _____

APPLICATION FORM

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

REGISTRATION DATE

1	Name of the Candidate		Latest photograph Past here and sign across it															
2a	Name of the father																	
2b	Name of the Mother																	
2c	Name of Husband / wife (if married)																	
3	Sex																	
4	Date of Birth and age																	
5	Social status (Please tick)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">ST</td> </tr> <tr> <td></td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">C</td> <td style="text-align: center;">D</td> <td style="text-align: center;">E</td> <td></td> <td></td> </tr> </table>	OC	BC	BC	BC	BC	BC	SC	ST		A	B	C	D	E		
OC	BC	BC	BC	BC	BC	SC	ST											
	A	B	C	D	E													
6	Whether Physically	Yes / NO																
6(a)	If yes please	HH / OH / VH																
7	Whether Ex-Service man	Yes / No																

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

STUDY CERTIFICATES FROM IVth TO Xth SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON LOCAL

EDUCATIONAL QUALIFICATIONS:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

a

Qualifying Examination	Total Marks	Marks Obtained	% of Marks obtained

EXPERIENCE:-

S.No.	Name of the Institution	From	To	Total period Experience

ADDRESSPARTICULARS:

Name :

Father Name :

Husband Name :

House No. :

Street :

Village / Town :

District :

Pin :

Cell No. / Phone No. :

Email Id :

DECLARATION

I, Smt / Sri / Kum D/o / S/o / W/o
..... certify that above particulars furnished by me are correct to the best
of my knowledge. I also agree that in the event of any of the particulars furnished in my
application being found to be incorrect or false at a later date my candidature will be
cancelled summarily

Name and Signature of the
candidate

CHECK LIST

1	Filled-in application form duly signed by applicant
2	Attested copy of marks memo of SSC (or) equivalent certificate
3	Attested copies of MBBS Provisional/ Permanent certificate.
4	Attested copy of marks memo of MBBS
5	Attested copies of Internship completion certificate
6	Attested copies of APMC registration certificate
7	Attested copy of latest caste certificate (in case of SC/ST/BC)
8	Attested copies of study certificates from Class-IV to X where the candidate
9	Attested copy of latest Physically handicapped certificate (if applicable)/Ex-Serviceman.
10	One self addressed cover of size 12 x 26 cm with postal stamps worth of Rs.35/-

DISTRICT MEDICAL AND HEALTH OFFICE :: SRIKAKULAM

RECEIPT

Received application from Mr./Ms. _____ for
the post of _____ on Dt. _____ Application No.

Signature of the received
Employee

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