

**GOVERNMENT OF ANDHRA PRADESH
NATIONAL HEALTH MISSION,
GUNTUR DISTRICT, ANDHRA PRADESH**

APPLICATION FOR THE POST OF		
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PERSONAL DETAILS:

1	Full Name (Capital Letters)	
2	Gender	
3	Date of Birth	
4	Father Name	
5	Social Status	OC / SC / ST/ BCA/ BCB/ BCC/BCD/ BCE
6	Whether Physically Handicapped	YES / NO
7	Ex-Service Man	YES / NO
8	Sports	YES / NO
9	Aadhar Number	
10	Mobile Number	1. 2.
11	e-mail addresses	
12	Full Postal Address for Communication	
13	Bank Remittance Id No with date :	

EDUATIONAL DETAILS:

	Class	Name of the Course	Year of Passing	School /College studied
1	SSC/X			
2	Intermediate			
3	Degree			
4	Post Graduation			
5	Technical Qualification			
6	Others			

DETAILS OF MARKS OBTAINED

Name of the Degree / PG	Maximum Marks /Grade	Marks obtained/Grade obtained	Percentage

WORK EXPERIENCE DETAILS:

S.No	Name of the organization	Type of Organization (Govt., / Private / NGO)	Position held	Period of works (from...to..)

DETAILS ENCLOSURES:

S.No	Copy of certificate	Enclosed (Yes/No)
1	SSC /X	
2	Intermediate /10+2	
3	Degree certificate	
4	Degree Marks memos	
5	PG Certificate	
6	PG Marks memos	
7	Caste Certificate (If applicable)	
8	Council / Para Medical Registration / Renewal Certificate	
9	4 th to 10 th Class Study Certificates (If Private Study submit Residence Certificate from Thasildar for 7 years presiding the 10 th class)	
10	Experience certificates from employer	
11	Physically Handicapped Certificate	
12	Ex-Service Man Service Certificate / Sports	

DECLARATION

I Sri/Smt/Kum..... D/o, S/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.

Signature of the Candidate