

**APPLICATION FOR RECRUITMENT OF THE POST OF STAFF NURSE/  
LAB-TECHNICIAN/PHARMACIST/CHILD PSYCHOLOGIST/RADIOGRAPHER  
ON CONTRACT BASIS IN PRAKASAM DISTRICT**

**APPLICATION FORM**

**REGISTRATION NO :**

(TO BE FILLED BY THE OFFICE)

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**NAME OF THE POST APPLIED FOR: .....**

1	Name of the Candidate		<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;">                 PASS PORT SIZE PHOTO             </div>							
2	Sex									
3	Name of the Father									
4	Name of the Mother									
5	Name of Husband/ Wife(if Married)									
6	Date of Birth									
7	Social status(Please Tick)	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 10%;">OC</td> <td style="width: 10%;">BC-A</td> <td style="width: 10%;">BC-B</td> <td style="width: 10%;">BC-C</td> <td style="width: 10%;">BC-D</td> <td style="width: 10%;">BC-E</td> <td style="width: 10%;">SC</td> <td style="width: 10%;">ST</td> </tr> </table>	OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST
OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST			
8	Whether Physically handicapped (Please tick)	Yes / No								
9	If yes please mention category (Please tick)	HH / OH / VH								
10	Sports certificates(for Sports Quota)	Yes / No								
11	Whether Ex Service man / Woman	Yes / No								
12	Local / Non-Local									

**DETAILS OF SCHOOL EDUCATION:**

Sl. No.	Class	Year of Passing	School /Village/Town	District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

**EDUCATIONAL QUALIFICATIONS:**

Name of the Academic Qualification	Year of Passing	Name of the Board
SSC		
Intermediate		

Name of the Technical Qualification	Maximum Marks	Marks Obtained	% of Marks Obtained	Council Registration Number

**Contract/outsourcing service if any in Government Sector**

Name of the Post	Contract/Outsourcing	From	To	Name of the Institution	Total period of Service

<b><u>Place of option for posting (DME/APVVP/DPH&amp;FW)</u></b>	<b>1.</b>
	<b>2.</b>
	<b>3.</b>

**Address Particulars:**

Name :  
Father Name :  
Husband Name :  
House No :  
Street :  
Village/Town :  
District :  
Pin :  
Cell No/Ph. No :

**DECLARATION**

I, Smt/Kum/Sri....., 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**

**CHECK LIST**

**Candidates are instructed to submit the xerox copies of the certificates with self attestation and arrange the documents in the following order:**

1.	Filled in application form	Yes	No
2.	SSC or equivalent certificate (for Date of Birth and Marks).	Yes	No
3.	Academic qualification certificates where ever applicable	Yes	No
4.	Technical qualification certificates where ever applicable	Yes	No
5.	Copies of all Marks Memos of Academic / Professional / Technical Qualifying examination	Yes	No
6.	Latest caste certificate (in case of SC/ ST/BC indicating group)	Yes	No
7.	Study certificates from class-IV to class-X where the candidates studied/Residence certificate issued by Tahsildar in respect of private candidates	Yes	No
8.	Latest physically handicapped certificate issued by SADERAM (if applicable)	Yes	No
9.	Professional council registration certificate whichever applicable (Paramedical /Pharmacy/ nursing / midwife etc)	Yes	No
10	Apprenticeship Certificate (If applicable)	Yes	No
11	Relevant Certificate in respect of candidates claiming Ex Service man Quota	Yes	No
12	Sports certificate in respect of candidates claiming under sports quota	Yes	No
13	Copy of appointment order and Service Certificate for in-service candidates who are working on contract/Outsourcing basis with Government under Medical and Health Depart., should produce service certificate from concerned officer duly counter signed by the concerned District Authority.	Yes	No
14	Any Other relevant certificates	Yes	No