

NOTIFICATION

DISTRICT HEALTH & FAMILY WELFARE SOCIETY,
NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)
DISTRICT TB CONTROL OFFICE, SRIKAKULAM

Notification for the recruitment drive for the posts., like Senior Treatment Supervisor/Senior Treatment Lab Supervisor/Lab technician/DRTB Counselor/TB Health Visitor Posts Under the Control of District TB Control Officer, Srikakulam on Contract Basis (one year).

APPLICATION FORM

REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

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POST FOR WHICH APPLICATION MADE

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1	Name of the Candidate		Paste photograph 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="text-align: center;">OC</td><td style="text-align: center;">BC</td><td style="text-align: center;">BC</td><td style="text-align: center;">BC</td><td style="text-align: center;">BC</td><td style="text-align: center;">BC</td><td style="text-align: center;">SC</td><td style="text-align: center;">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			<p>Note: If the ST Candidate Comes under Local Scheduled area please submit their Local Scheduled Area Certificate issued by the Concerned MRO's</p>
OC	BC	BC	BC	BC	BC	SC	ST												
	A	B	C	D	E														
6	Whether Physically handicapped (Please tick)	Yes / No																	
6(a)	If yes please mention category (please tick)	HH / OH / VH																	
7	Whether Ex-Service man / Women	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:

Qualifying Examination	Total Marks	Marks Obtained (As per the Questions Mentioned in the Notification)	% of Marks obtained

EXPERIENCE IN GOVERNMENT SECTOR

Sl. No	Name of the Department	Experience		No of Years Completed
		From	To	

ADDRESS PARTICULARS:

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

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. Name & Address of the Candidate :

2. Mobile No. :

3. Date of Birth (Mentioned in 10th Class) :

4. Caste :

5. Local / Non-Local :
(Study from 4th to 10th more than 4 years
(i.e. from 4th to 10th) in Srikakulam District,
candidate belongs to Local other than Non-Local)

6. Physically Handicapped :
(Plz. mentioned % of PH
Only southern certificates are allowed)

7. Technical Training Marks :
(Secured / Max Marks)

8. Year of Passing :
(i.e. Registration Year)

9. Experience Certificate on Contract/
Out-Sourcing details :

Signature of the Candidate

Please submit your application

As per Below mentioned details:

1. Check List : Yes / No
2. Application Form : Yes / No
3. 10th Class Marks List : Yes / No
4. Caste Certificate : Yes / No
5. PH Certificate (SADARAM Certificate) : Yes / No
6. Study Certificate : Yes / No
(i.e., 4th to 10th class):
7. Education Qualification : Yes / No
(i.e., Technical Education)
8. Registration Certificate : Yes / No
9. Experience Certificate : Yes / No
(Govt. Service Only)