

## ANNEXURE-III

GOVERNMENT OF ANDHRA PRADESH.  
NATIONAL HEALTH MISSION., A.P.,  
VIZIANAGARAM DISTRICT.

APPLICATION FOR THE POST OF :

**PERSONAL DETAILS:**

|                             |                           |
|-----------------------------|---------------------------|
| 1.NAME                      |                           |
| 2.SEX                       |                           |
| 3.DATE OF BIRTH             |                           |
| 4.FATHER NAME               |                           |
| 5.SOCIAL STATUS             | BC-A/B/C/D/E/ SC/ST / LST |
| 6.Aadhar Number             |                           |
| 7.Mobile number             |                           |
| 8.e.mail addresses          |                           |
| 9.Address for communication |                           |

**EDUCATIONAL DETAILS;**

| S. No. | Class           | Name of the course | Year of passing | School/college studied |
|--------|-----------------|--------------------|-----------------|------------------------|
|        | SSC/X           |                    |                 |                        |
|        | Intermediate    |                    |                 |                        |
|        | Degree          |                    |                 |                        |
|        | Post Graduation |                    |                 |                        |

**DETAILS OF MARKS OBTAINED.**

| Name of the Degree/<br>PG | MAXIMUM MARKS/<br>GRADE | Marks obtained /<br>Grade obtained. | Percentage |
|---------------------------|-------------------------|-------------------------------------|------------|
|                           |                         |                                     |            |

**WORK EXPERIENCE DETAILS:**

| S. No. | Name of the organization | Type of Organization<br>(Govt/Private/NGO) | Position held | Period of works<br>From to |
|--------|--------------------------|--|---------------|----------------------------|
|        |                          |  |               |                            |
|        |                          |  |               |                            |
|        |                          |  |               |                            |

**DETAILS ENCLOSURES:**

| S. No. | Copy of certificate                   | Enclosed Yes/No |
|--------|---------------------------------------|-----------------|
| 1      | SSC/X                                 |                 |
| 2      | Intermediaate/10+2                    |                 |
| 3      | Degree certificate                    |                 |
| 4      | Degree Marks Memos                    |                 |
| 5      | PG certificate                        |                 |
| 6      | PG Marks Memos                        |                 |
| 7      | Experience certificates from employer |                 |
| 8      | Caste certificate ( If applicable)    |                 |

Signature of the candidate.