

Application No

To be filled by this Office

**APPLICATION FORM****ANDHRA PRADESH VAIDYA VIDHANA PARISHAD**

HEALTH, MEDICAL &amp; FAMILY WELFARE DEPARTMENT, ANDHRA PRADESH

DCHS, Kadapa, **Notification No:01/2021** on outsourcing basis

1) Staff Nurse, 2) Radio Grapher, 3)lab Technician/Blood Bank Technician, 4)Audiometry Technician, 5)Ophthalmic Asst./Refractionist, 6) Dental Asst./Dental Technician/ Dental Hygienist, 7)Physiotherapist, 8)Counsellor/MSW/ Social worker, 9)Theatre Assistant, posts **ON OUT SOURCING BASIS** to work in Area Hospital, APVVP, Pulivendula, YSR District under the control of District Co-Ordinator of Hospital Services, Andhra Pradesh Vaidya Vidhana Parishad, Kadapa.

Name of the post applied::

01	Name of the Applicant (In block letters as per SSC Marks list)	
02	Name of the Father/Husband	
03	Date of Birth (As per SSC marks certificate)	
04	Age as on 01.06.2021	
05	Social Status (SC/ST/BC/Others) Latest caste certificate issued by Tahasildar to be enclosed)	
06	Whether belongs to Disabled person (Enclose Latest disability certificate issued by SADAREM Board)	
07	Whether Ex-Servicemen/women	
08	Sports candidate if any	
09	Gender	

**10. DETAILS OF SCHOOL EDUCATION::**

SL. No.	Class	Year of Passing	School & Place	District
01	IV			
02	V			
03	VI			
04	VII			
05	VIII			
06	IX			
07	X			

Study certificates from IV<sup>th</sup> to X<sup>th</sup> should be enclosed; otherwise candidate will be treated as **NON LOCAL**.

**11. Educational Qualification:**

Qualifying Examination	Year passing	of	Total Marks	Marks Obtained	% of Marks

## 12. Experience.

Sl. No.	Name of Institution	Experience		No of completed Years
		From	To	

## 13. Address for communication along with Mobile Number::

Name of the Applicant	
Name of the Father/Husband	
House No, Street/Village	
Mandalam/Town, District	
PIN CODE	
Mobile No.	1) 2)

## 14. Registered in A.P. Para Medical Board:: YES/NO

If YES, Registration No::

15. **D.D.Particulars**::D.D.No::

Date::

Amount

Name of the Bank::

Branch::

**DECLARATION**

I Sri/Smt /Kum ..... S/O (or) D/O (or) W/O .....solemnly declare that the particulars given above are correct to the best of my knowledge and belief. 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 appointment will be cancelled summarily.

Date::

Place::

SIGNATURE OF THE APPLICANT

**16. Checklist::**

1. Application form
2. Aadhar card
3. Marks memos of the concerned posts.
4. Diploma/Degree/Master Degree certificates concerned posts.
5. Registration certificates of concerned councils.
6. Experience certificate for concerned posts
7. Study certificates from IV<sup>th</sup> to X<sup>th</sup>.
8. Latest Caste Certificate.
9. PH Certificates (SADEREM Certificate) of Hearing Handicapped. Visually Handicapped, Orthopedically Handicapped etc.)