

GOVERNMENT OF ANDHRA PRADESH
RECRUITMENT OF PEDIATRICIAN AND STAFF NURSES ON CONTRACT BASIS FOR
SIX MONTHS APVVP HOSPITALS: SRIKAKULAM DISTRICT

APPLICATION FORM

REGISTRATIN NO:
 (TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE

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; text-align: center;"> <tr> <td>OC</td> <td>BC</td> <td>BC</td> <td>BC</td> <td>BC</td> <td>BC</td> <td>SC</td> <td>ST</td> </tr> <tr> <td></td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> <td></td> <td></td> </tr> </table>					OC	BC	BC	BC	BC	BC	SC	ST		A	B	C	D	E		
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 (MBBS/PG)	% of Marks obtained

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

OFFICE OF THE DISTRICT CO-ORDINATOR OF HOSPITAL SERVICES, SRIKAKULAM

List of enclosures to the application for contract posts (Staff Nurse, Pharmacist Grade – II and Lab technician):-

The following documents are to be submitted in the following order only.

1	Filled-in Application form
2	Attested copy of marks memo of SSC (or) equivalent certificate
3	Attested copies of Marks memos of all years and Provisional Certificates, Internship Certificate and Permanent Registration of APMC
4	Attested copy of latest caste certificate (in case of SC/ST/BC)
5	Attested copies of study certificates from Class-IV to X where the candidates studied.
5	Attested copy of latest Physically handicapped certificate (if applicable)/ Ex-Servicemen
6.	Attested copy of Experience Certificate on Contract/Out Sourcing should be enclosed

Every candidate should wear mask.


District Co-ordinator of Hospital
Services, Srikakulam


28/06/21