## GOVERNMENT OF ANDHRA PRADESH

# ANDHRA PRADESH VAIDYA VIDHANA PARISHAD RECRUITMENT OF DATA ENTRY OPERATORS ON OUTSOURCING BASIS

#### APPLICATION FORM

| (ТО Е | BE FILLED BY THE OFFICI                       | ≣)      |         |         |         |         |         |                                |        |
|-------|---|---------|---------|---------|---------|---------|---------|--------------------------------|--------|
|       |   |         |         |         |         |         |         |                                |        |
|       |   |         |         |         |         |         |         |                                |        |
| POS   | ST FOR WHICH APPLICAT                         | ION MAI | DE:     |         |         |         |         |                                |        |
| 1.    | Name of the candidate                         |         |         |         |         |         |         |                                |        |
| 2.a   | Name of the Father                            |         |         |         |         |         | 1       | Paste<br>ograph h<br>sign acro | ere ar |
| 2.b   | Name of Mother                                |         |         |         |         |         |         |                                |        |
| 2.c   | Name of husband/wife (if married)             |         |         |         |         |         |         |                                |        |
| 3.    | Gender (M/F)                                  |         |         |         |         |         |         |                                |        |
| 4.    | Date of Birth                                 |         |         |         |         |         |         |                                |        |
| 5.    | Social Status(Please tick )                   | ОС      | BC<br>A | BC<br>B | BC<br>C | BC<br>D | BC<br>E | SC                             | ST     |
| 6.    | Whether Physically handicapped (Please tick ) |         |         |         | YES     | / NO    | )       |                                |        |
| 6(a)  | If yes please mention category (Please tick ) |         | VH      | 1       | ŀ       | ΗН      | /       | ОН                             |        |
| 7.    | Whether Ex Service man/woman                  |         |         | Υ       | 'ES     | / 1     | NO      |                                |        |

## **DETAILS OF SCHOOL EDUCATION:**

| CLASS | YEAR OF PASSING | Name of the studying<br>Village and Mandal | DISTRICT IN<br>WHICH STUDIED |
|-------|-----------------|--|------------------------------|
| IV    |                 |  |                              |
| V     |                 |  |                              |
| VI    |                 |  |                              |
| VII   |                 |  |                              |
| VIII  |                 |  |                              |
| IX    |                 |  |                              |
| Х     |                 |  |                              |

• STUDY CERTIFICATES FROM IVTH TO XTH SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON LOCAL.

# EXAMINATION

| Qualifying<br>Examination | Year of passing | Total Marks | Marks Obtained | % of Marks<br>Obtained |
|---------------------------|-----------------|-------------|----------------|------------------------|
|                           |                 |             |                |                        |
|                           |                 |             |                |                        |
|                           |                 |             |                |                        |
|                           |                 |             |                |                        |
|                           |                 |             |                |                        |
|                           |                 |             |                |                        |

| ADDRESS PARTICUL                           | ARS:   |
|--|--|
| Name                                       | :  |
| Father Name/                               |  |
| Spouse name:                               |  |
| House No                                   | :  |
| Street                                     | :  |
| Village/Town                               | :  |
| District                                   | :  |
| Pin  | :  |
| Cell No / Ph. N                            | 0:   |
|  |  |
|  | DECLARATION  |
| certify that above pagree that in the ever | articulars furnished by me are correct to the best of my knowledge. I also at of any of the particulars furnished in my application being found to be ater date my candidature will be cancelled summarily |
|  | NAME AND SIGNATURE OF THE  |

NAME AND SIGNATURE OF THE CANDIDATE