

APPLICATION FORM

A.P.VAIDYA VIDHANA PARISHAD

**DISTRICT COORDINATOR OF HOSPITAL SERVICES, NANDYAL
KURNOOL DISTRICT**

**Applications for recruitment of Staff Nurses,
Pharmacist Gr.II and Lab Technicians on contract
basis to work at APVVP hospitals under the control of
DCHS, APVVP, Nandyal Kurnool District.**

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 01.06.2020	
05	Social Status (SC/ST/BC/Others) Latest caste certificate issued by Tahsildar to be enclosed)	
06	Whether belongs to Physical handicapped Category (Latest certificate to be enclosed by Medical Board)	
07	Whether Ex- Servicemen/women	
08	Sex	

09. 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 IVth to Xth should be enclosed otherwise candidate will be treated as NON LOCAL

10. Educational Qualification:

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

11. Experience in Government Medical Institutions

Sl. No.	Name of the Government Medical Institution/ Hospital	Experience		No of completed Years
		From	To	

12. Address for communication along with Mobile Number::

Name of the Applicant	
Name of the Father/Husband	
House No	
Street/Village	
Mandalam/Town	
Mobile No.	1)
	2)
Email ID	

**13. Registered in A.P. Medical Council/
AP Pharmacy council/AP Para Medical Board.: YES/NO**

If YES, Registration No.:

DECLARATION

I Sri/Kum/Smt..... S/O (or) D/O (or) W/Osolemnly 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

CHECK LIST::

- i) Application form in Original.
- ii) Aadhar card
- iii) SSC marks memo
- iv) Intermediate marks memo
- v) Marks memo of GNM/BSc./MSc/(OR) D.Pharmacy/B.Pharmacy/ M.Pharmacy (OR) Lab Technician qualifying exam as per notification.
Concerned course Year wise passed marks memos (all years)
- vi) Certificate of Diploma/BSc/MSc Nursing (or) certificate of D.Pharmacy/B.Pharmacy/ M.Pharmacy(or) certificate of Lab Technician Qualification course concerned.
- vii) Certificate of Registration of NURSE & MIDWIFERY in AP Nursing council & D.Pharmacy/B.Pharmacy Registration certificate in AP Pharmacy council & for Lab Technician qualifying exam registration in AP Paramedical Board.
- viii) Study certificates from IVth to Xth.
- ix) Caste Certificate.
- x) PH Certificates (SADEREM Certificate) of Hearing Handicapped. Visually Handicapped, Orthopedically Handicapped etc.)
- xi) Experience certificate signed by the concerned Medical Officer/Medical Superintendent of that CHC/AH/DH along with countersigned by the concerned DCHS, APVVP