

**GOVERNMENT OF ANDHRA PRADESH**  
**NOTIFICATION FOR RECRUITMENT OF MNO/FNO AND DEO s ON OUTSOURCING**  
**BASIS IN APVVP HOSPITALS: SRIKAKULAM DISTRICT**

**APPLICATION FORM**

REGISTRATIIN NO:  
 (TO BE FILLED BY THE OFFICE)

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POST FOR WHICH APPLICATION MADE

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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 style="width: 20px;">OC</td> <td style="width: 20px;">BC</td> <td style="width: 20px;">BC</td> <td style="width: 20px;">BC</td> <td style="width: 20px;">BC</td> <td style="width: 20px;">BC</td> <td style="width: 20px;">SC</td> <td style="width: 20px;">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

WORKING Experience of mn/fno \_\_\_\_\_

**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