

APPLICATION FORM
ANDHRA PRADESH VAIDYA VIDHANA PARISHAD
HEALTH, MEDICAL & FAMILY WELFARE DEPARTMENT, ANDHRA PRADESH

**Applications for recruitment of Staff Nurses,
 Pharmacist Gr.II and Lab Technicians on contract basis
 to work at APVVP hospitals under the control of DCMS,
 APVVP, 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 01.06.2020	
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.:

14. Demand Draft(D.D.) Particulars:

i) D.D.No....., Dt:.....

ii) Amount of Rs.....

iii) Name of the bank:.....Branch:.....

EXPERIENCE CERTIFICATE

(Certificate to be issued by the Government Medical Officer/Medical Superintendent concerned)

This is to certify that Sri/Kum/Smt.....
has worked/ has been working as.....in.....
.....

Name of the Institution	Rural/ Urban /Tribal	Working/Worked period		Break of service if any	Reasons for break in service if any
		From	To		

I hereby declare that:

1. The services of the above candidate working/worked on Contract/Outsourcing basis during the above period are Satisfactory.
2. He/She does not have any adverse remarks from his/her superiors during the above period of contract/outsourcing services.
3. She is eligible for contractual/outsourcing service weightage as per the rules published in the notification.

Station:

**Signature of the Medical Superintendent/
Medical Officer**

Date:

// Countersigned by //

D.C.H.S./DM&HO/Supdt of GGH/
Concern Dept., Dist. Head

DECLARATION

I Sri/Kum/Smt..... 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

15.CHECK LIST TO BE ENCLOSED/ATTACHED::

- i) Application form
- ii) Aadhar card
- iii) SSC marks memo
- iv) Intermediate marks memo
- v) **Marks memo of** GNM/BSc. (or) D.Pharmacy/B.Pharmacy; Lab Technician
 qualifying exam as per notification. Concerned course Year wise passed
 marks memos (all years).
- vi) Diploma/BSc Nursing certificate/ D.Pharmacy/B.Pharmacy certificates/
 Lab Technician course certificates.
- 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) Latest 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/DM&HO/GGH/Concern District authorities
- xii) Demand Draft in Original/online fee payment receipt