

GOVERNMENT OF ANDHRA PRADESH
RECRUITMENT OF STAFF NURSES PHARMACIST GR - II AND LAB TECHNICIAN
ON CONTRACT BASIS IN 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;"> <tr> <td style="padding: 2px;">OC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">ST</td> </tr> <tr> <td></td> <td style="padding: 2px;">A</td> <td style="padding: 2px;">B</td> <td style="padding: 2px;">C</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;">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