

PHOTO

**GOVERNMENT OF ANDHRA PRADESH**

**:: RECRUITMENT OF Staff Nurses/Pharmacist Gr.II  
ON CONTRACT BASIS IN APVVP HOSPITALS:: :: VIZIANAGARAM DISTRICT ::  
APPLICATION FORM**

REGN. 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

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2a Name of the father

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2b Name of the Mother

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2c Name of Husband /wife if married

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3 Sex

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4 Date of Birth & Age

5 Social Status (please tick)

OC	BC-A	BC-B	BC-C	BC-D	DC-E	SC	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Whether Physically abled (please tick) YES / NO							
6a If yes, please mention category (please tick) HH / OH / VH							
7 Whether Ex-Serviceman/Woman YES / NO							

8 **DETAILS OF SCHOOL EDUCATION**

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

Study Certificates from IV to Xth should be enclosed. Otherwise candidate will be treated as **NON - LOCAL**

9 **EDUCATIONAL QUALIFICATIONS :**

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERISTY

10 **MARKS OBTAINED IN THE QUALIFYING EXAMINATIONS :**

Qualifying Examination	Total Marks	Marks obtained (PG / MBBS / SSC)	% of Marks obtained

11 **ADDRESS PARTICULARS**

Name \_\_\_\_\_

Father/Husband Name \_\_\_\_\_

House no \_\_\_\_\_

Street \_\_\_\_\_

Village / Town \_\_\_\_\_

District \_\_\_\_\_

Pin \_\_\_\_\_

Cell / Phone \_\_\_\_\_

E-mail id \_\_\_\_\_

**DECLARATION**

I, Smt/Sri/Kum. \_\_\_\_\_

S/o/D/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.

Date :

Name and Signature of the Candidate