

# **APPLICATION FORM**

**A.P.VAIDYA VIDHANA PARISHAD**

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

**Applications for recruitment of Theatre Asst.,**  
**Radiographer, Nursing Orderly(MNO/FNO) & Data**  
**Entry Operators on Outsourcing 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 IV<sup>th</sup> to X<sup>th</sup> 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/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

### CHECK LIST::

- i) Application form in Original
- ii) Aadhar card
- iii) SSC marks memo
- iv) Intermediate marks memo
- v) **Marks memo of**  
**Radiographer :-** CRA/ additional degree (along with CRA examination) in B.A/B.Sc./M.Sc/MA/ B.Sc(Hons)/B.A.(Hons) of any recognized university with **Physics** as main subject  
**Theatre Asst. :-** X Class and Diploma In Operation Theatre Technology in any colleges of AP  
**Nursing Orderly (MNO/FNO)** :- X Class  
**Data Entry Operator** :- Any Degree  
Concerned course Year wise passed marks memos (all years)
- vi) Certificate of CRA/ additional degree (along with CRA examination) in B.A/B.Sc./M.Sc/MA/ B.Sc(Hons)/B.A.(Hons) of any recognized university with **Physics** as main subject (or) certificate of X Class and Diploma In Operation Theatre Technology in any colleges of AP (or) certificate of X Class (or) Any Degree Qualification course concerned respectively.
- vii) Certificate of Registration of CRA Registration certificate in AP Paramedical Board & for Diploma In Operation Theatre Technology qualifying exam registration in AP Paramedical Board.
- viii) Study certificates from IV<sup>th</sup> to X<sup>th</sup>.
- 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.
- xii) D.D Rs.300/- (Three Hundred Rupees Only) in favour of District Coordinator of Hospital Services, Nandyal

## **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..... on  
outsourcing/contract basis 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/GGH