GOVERNMENT OF ANDHRA PRADESH
DISTRICT MEDICAL & HEALTH OFFICER: SRIKAKULAM DISTRICT.
NOTIFICATION NO. 01/NHM/2020.

Recruitment of Certain Posts (Noted in the Annexure) On Contract Basis/Outsourcing under The Administrative Control of District Medical and Health Officer, Srikakulam

APPLICATON FORM

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST OF:

1.	Name of the candidate:		Paste Photograph here and sign across it
2.a	Name of the Father		
2.b	Name of the Spouse (If Married)		
3.	Gender		
4.	Date of Birth		
5.	Social Status **(OC/SC/ST/ BC-A,B,C,D,E)**		
6.	Status (Local/Non Local)		
7.	Whether Physically handicapped Specify details. (VH/HH/OH)		
8.	Whether Sports if any details:		

9	Whether experience if any in Government institutions under Medical and Health Dept. **(If yes enclosed Service Certificate)**		Number of years of Service working in government institution (M & H)
10.	Whether Ex Service man/woman	YES / NO	

DETAILS OF SCHOOL EDUCATION:

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

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks (Max Marks)	Marks Obtained	% of Marks Obtained

ADDRESS OF THE CANDIDATE WITH MOBILE NUMBER:

Name :

Door No :

Street :

Village/Mandal :

District :

State :

Contact Number :

Signature of the Applicant

DECLARATION

I,Smt/Kum/Sri.....D/o/S/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