

GOVERNMENT OF ANDHRA PRADESH
SVRR GOVERNMENT GENERAL HOSPITAL, TIRUPATI, CHITTOOR DISTRICT
APPLICATION FORM AS PER NOTIFICATION DATED: 04.07.2020.

Registration No: _____
(To be filled by Office)

Post for which Application made: _____

Paste latest
Passport size
photograph and
sign across it

1.	Name of the candidate								
2. a	Name of the Father								
2. b	Name of the Mother								
2. c	Name of husband / Wife (if married)								
3.	Gender (M/F/TG)								
4.	Date of Birth								
5.	Social Status (Please Tick)	OC	BC A	BC B	BC C	BC D	BC E	SC	ST
6. a	Whether Physically Handicapped (Please tick)	YES / NO							
6. b	If yes please mention the category (Please tick)	VH / HH / OH							
7.	Whether Ex-servicemen	YES / NO							
8.									

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	Name of the School and Place of Study	District
IV			
V			
VI			
VII			
VIII			
IX			
X			

- STUDY CERTIFICATES FROM IV TO X SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON LOCAL.

EDUCATIONAL QUALIFICATIONS AND MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Year of Passing	Total Marks	Marks Obtained	% of Marks obtained

Application Process Fee : Rs. 300/-

Date of payment :

Name of the Bank :

Branch and Place of Payment :

ADDRESS PARTICULARS:

Name :
Father's Name :
Spouse Name :
House No :
Street :
Town :
Village :
Mandal :
District :
PIN code :
Mobile No. / Phone No. :
Email. I.D :

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 later date my candidature may be cancelled summarily.

Name and Signature of the Candidate