

GOVERNMENT OF ANDHRA PRADESH
DISTRICT MEDICAL & HEALTH OFFICE:: KADAPA, YSR DISTRICT.
NOTIFICATION NO. 07/ 2020.
APPLICATION FORM

APPLICATION NO: (TO BE FILLED BY THE OFFICE)	
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AFFIX PHOTOGRAPH
HERE

APPLICATION FOR THE POST OF:

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1.	Name of the candidate:	
2.a	Name of the Father	
b	Name of the Spouse (If Married)	
3.	Gender (Male/Female)	
4.	Date of Birth	
5.	Social Status (OC/SC/ST/ BC-A,B,C,D,E)	
6.	Status (Local/Non Local)	
7.	Whether belongs to PH category, If yes, Specify details. (VH / HH / OH)	Yes / No
8.	Whether belongs sports category, if yes(details of Sports)	
9.	Whether belongs to Ex Service man/woman	
10	Whether working on Contract / Out Sourcing Basis in Medical and Health Dept. (for the candidates applying to the post of MO / DAS / Staff Nurse and LT only). (If yes enclose Service Certificate from the Concerned Authority)	Number of years of Service working in government institution (M & H)
10-A	Mention the Experience particulars (Experience certificate to be enclosed)	

11. APPLICATION PROCESSING FEE: Rs. 300/- to be paid in favor of the A/c.
067401001328, IFSC - ICIC0000674

Receipt / Counter Foil No.	Amount	Mode of Payment (through Bank, Online / UPI Transactions)

(Contd., P/2)

12. DETAILS OF SCHOOL EDUCATION :

Class	Year of Passing	Name of the School & Place	District
IV			
V			
VI			
VII			
VIII			
IX			
X			

13. MARKS OBTAINED IN THE REQUISITE QUALIFICATION :

Name of the Requisite Qualification for the post applied	Name of the College & University	Marks obtained			A.P. Medical Council Board Regd. No.
		Year	Max. Marks	Marks obtained	
		Total			

14. ADDRESS FOR COMMUNICATION ALONG WITH MOBILE NUMBER :

NAME	:	
Father's / Husband's Name	:	
Present Residential Address	:	
E-mail ID	:	
Mobile No.	:	

DECLARATION

I _____ S/o. / D/o. _____ declared 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 incorrect or false at a later date my appointment will be cancelled summarily.

Date:

Signature of the Applicant.