

GOVERNMENT OF ANDHRA PRADESH.
HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT
OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, KURNOOL.

(NOTIFICATION NO.01/RECRUITMENT/2025, dt.04.01.2025)

**RECRUITMENT FOR THE POSTS OF LAB TECHNICIAN ON CONTRACT BASIS
AND FEMALE NURSING ORDERLY (FNO) ON OUTSOURCING BASIS
IN KURNOOL AND NANDYAL DISTRICTS THROUGH WALK-IN-INTERVIEW**

Application for the Post of : _____ Application No.(to be filled by the office) : _____	Affix Passport size latest colour photograph
---	---

1	Name of the Candidate	
2	Gender	
3	Father's Name	
4	Date of Birth (DD-MM-YYYY) Age as on 01.07.2024	
5	Social Status (OC/SC/ST/BC-A/B/C/D/E) (enclose copy of latest Caste Certificate)	
6	Whether claiming for service weightage for Contract / Outsourcing service (enclose copy of Contract / Outsourcing Service Certificate)	Yes / No
7	Whether Physically Handicapped (VH/HH/OH) (SADAREM Certificate to be closed)	
8	Whether claiming EWS reservation (copy of the certificate to be enclosed)	Yes / No
9	Whether Ex-Servicemen (enclose copy of Service Certificate)	Yes / No
10	Demand Draft / Banker Cheque No., date, amount and Bank Name & Branch.	
11	Mobile Number of the applicant	
12	Email Id of the applicant:	
13	<u>Address for correspondence</u> :	

Marks obtained in the requisite Academic / Professional / Technical qualification

Qualification	Maximum Marks	Marks obtained	Year of passing (Month & Year)	Whether registered in respective council (Yes/No)

Details of Contract/Outsourcing/Honorarium service

Sl. No.	Name of the Institution	Contract / Outsourcing	Urban/ Rural/ Tribal/ Covid-19	Period of service		Total period YY-MM-DD	Service certificate enclosed (Yes/No)
				From	To		

Details of School studies from 4th Class to 10th Class (for local status)

Sl. No	Class	Year of passing	Name of the School	Town and District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

DECLARATION

I, Smt/Kum/Sri _____ D/o / S/o / W/o _____ do hereby declare that, above particulars furnished by me are true to the best of my knowledge. I agree that in the event of any of the details furnished above being found to be incorrect or false at a later date, my candidature will be forfeited summarily.

Signature of the applicant

CHECKLIST

Sl. No.	Enclosures	Enclosed
1	Filled-in application form with latest Passport size photo affixed.	Yes/No
2	Attested copy of marks memo of SSC (or) equivalent certificate	Yes/No
3	Attested copies of marks memos of all the years of qualifying examination	Yes/No
4	Attested copies of Provisional / Permanent Certificate of qualification	Yes/No
5	Attested copy of permanent registration certificate of the respected Council/Board	Yes/No
6	Attested copy of latest Caste Certificate (in case of SC/ST/BC)	Yes/No
7	Attested copies of Study Certificates from Class-IV to X where the Candidate studied	Yes/No
8	Attested copy of latest Physically Handicapped Certificate / Ex-Servicemen (if applicable)	Yes/No
9	Attested copy of Contract / Outsourcing Service Certificate (if applicable)	Yes/No
10	Attested copy of Aadhar certificate of the candidate (mandatory)	Yes/No
11	Demand Draft/Banker cheque for Rs.500/- for OC candidates and Rs.200/- for SC/ ST/ BC/ Physically Challenged candidates drawn from any nationalized bank in favour of "District Medical and Health Officer, Kurnool".	Yes/No