

GOVERNMENT OF ANDHRA PRADESH
DISTRICT MEDICAL & HEALTH OFFICER: KURNOOL DISTRICT.
NOTIFICATION NO. 04/Para Medical/2020.

Recruitment of certain Posts (Noted in the Annexure) on
Outsourcing Basis under the Administrative control of District
Medical and Health Officer, Kurnool District.

APPLICATON FORM

APPLICATION ID 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, Age as on 01.07.2020		
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	Experience if any counter signed by the competent authority		
10.	Whether Ex-Serviceman / woman.		YES / NO

DETAILS OF SCHOOL EDUCATION:

S.NO.	CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED	LOCAL DISTRICT AS PER MAJORITY OF STUDY OUT OF 07 YEARS
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

ACADEMIC MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

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

TECHINICAL 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 No :

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:

Mobile No:

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 out sourcing / 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//

DCHS/DM&HO/GGH