

GOVERNMENT OF ANDHRA PRADESH
DISTRICT MEDICAL & HEALTH OFFICER, SPSR NELLORE DISTRICT.
NOTIFICATION NO. 05/NHM/2020.

RECRUITMENT OF MEDICAL OFFICER ON CONTRACT BASIS FOR A PERIOD OF ONE
YEAR UNDER NATIONAL URBAN HEALTH MISSION, SPSR NELLORE DISTRICT.

APPLICATION FORM

REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE:

MEDICAL OFFICER

:

1.	Name of the candidate		Paste Photograph here and sign across it																					
2.a	Name of the Father																							
2.b	Name of Mother																							
2.c	Name of husband/wife (if married)																							
3.	Sex																							
4.	Date of Birth																							
5.	Social Status(Please tick)	<table><tr><td>OC</td><td>BC - A</td><td>BC - B</td><td>BC- C</td><td>BC - D</td><td>BC - E</td><td>SC</td><td>ST</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							OC	BC - A	BC - B	BC- C	BC - D	BC - E	SC	ST								
OC	BC - A	BC - B	BC- C	BC - D	BC - E	SC	ST																	
6.	Whether Physically handicapped (Please tick)	YES / NO																						
6(a)	If yes please mention category (Please tick)	HH / OH / VH																						
7.	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		

EDUCATIONAL QUALIFICATIONS:

QUALIFICATIONS	YEAR OF PASSING	Total Marks (Max Marks)	Marks Obtained

MARKS OBTAINED IN THE QUALIFYING EXAMINATION : **MBBS**

Qualifying Examination	Total Marks (Max Marks)	Marks Obtained	% of Marks Obtained
MBBS 1 st Year			
MBBS 2 nd Year Part I			
MBBS 2 nd Year Part II			
Final Year Part I			
Final Year Part II			

ADDRESS PARTICULARS:

Name :

Father Name/

Husband name:

House No :

Street :

Village/Town :

District :

Pin-code :

Mobile No:

E.Mail. ID :

DECLARATION

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

(The candidate should submit all the supportive documents i.e. attested copies of certificates related to the post which they have applied i.e Educational / Academic qualifications/ experience, Marks lists of SSC/Intermediate/ Degree/qualifying examination, Internship/Apprenticeship, Council Registration/ Paramedical board registration, Caste, Study certificates from 4th to 10th, Physically handicapped certificate if any to be submitted along with the application)