

**GOVERNMENT OF ANDHRA PRADESH
DISTRICT MEDICAL & HEALTH OFFICER :SPSR NELLORE DISTRICT.
NOTIFICATION NO.01/2025.**

**Recruitment of Certain Posts (Noted in the Annexure) On Contract Basis Under The
Administrative Control of District Medical and Health Officer, Nellore.**

APPLICATION FORM

(For the Post of Lab Technician Gr-II on Contract Basis & on Out Sourcing Basis)

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST OF:

1.	Name of the candidate:		Paste Photograph here and Signed across it
2.a	Name of the Father		
2.b	Name of the Spouse (If Married)		
3.	Gender		
4.	Date of Birth		
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)		

DDNumber&Date	Amount	NameoftheBank

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		
Intermediate		

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 Number :

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**