

**APPLICATION FOR RECRUITMENT OF THE POST OF
RADIOGRAPHER/MNO/FNO/OPERATION THEATRE ASSISTANT/THEATRE
ASSISTANT/DARK ROOM ASSISTANT, DATA ENTRY OPERATOR
ON OUT SOURCING BASIS IN PRAKASAM DISTRICT**

APPLICATION FORM

REGISTRATION NO :

(TO BE FILLED BY THE OFFICE)

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NAME OF THE POST APPLIED FOR:

1	Name of the Candidate		<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> PASS PORT SIZE PHOTO </div>							
2	Sex									
3	Name of the Father									
4	Name of the Mother									
5	Name of Husband/ Wife(if Married)									
6	Date of Birth									
7	Social status(Please Tick)	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 10%;">OC</td> <td style="width: 10%;">BC-A</td> <td style="width: 10%;">BC-B</td> <td style="width: 10%;">BC-C</td> <td style="width: 10%;">BC-D</td> <td style="width: 10%;">BC-E</td> <td style="width: 10%;">SC</td> <td style="width: 10%;">ST</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			
8	Whether Physically handicapped (Please tick)	Yes / No								
9	If yes please mention category (Please tick)	HH / OH / VH								
10	Whether Ex Service man / Woman	Yes / No								
11	Local / Non-Local									

DETAILS OF SCHOOL EDUCATION:

Sl. No.	Class	Year of Passing	School /Village/Town	District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

EDUCATIONAL QUALIFICATIONS:

Name of the Academic Qualification	Year of Passing	Maximum Marks	Marks Obtained	Name of the Board
SSC				
Intermediate				
Any Degree with computers				

Name of the Technical Qualification	Maximum Marks	Marks Obtained	% of Marks Obtained	Council Registration Number

**Service experience if any as nursing orderly in a hospital
(for Operation Theatre Assistant/ Theatre Assistant only)**

From	To	Name of the Institution	Total period of Service

<u>Place of option for posting (DME/APVVP/DPH&FW)</u>	1.
	2.
	3.

Address Particulars:

Name :
Father Name :
Husband Name :
House No :
Street :
Village/Town :
District :
Pin :
Cell No/Ph. No :

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.

Signature of the candidate

CHECK LIST

Candidates are instructed to submit the xerox copies of the certificates with self attestation and arrange the documents in the following order:

1.	Filled in application form	Yes	No
2.	SSC or equivalent certificate (for Date of Birth and Marks).	Yes	No
3.	Academic qualification certificates where ever applicable	Yes	No
4.	Technical qualification certificates where ever applicable	Yes	No
5.	Copies of all Marks Memos of Academic / Professional / Technical Qualifying examination	Yes	No
6.	Latest caste certificate (in case of SC/ ST/BC indicating group)	Yes	No
7.	Study certificates from class-IV to class-X where the candidates studied/Residence certificate issued by Tahsildar in respect of private candidates	Yes	No
8.	Latest physically handicapped certificate issued by SADERAM (if applicable)	Yes	No
9.	Professional council registration certificate whichever applicable (Paramedical /Pharmacy/ nursing / midwife etc)	Yes	No
10	Relevant Certificate in respect of candidates claiming Ex Service man Quota	Yes	No
13	Experience service if any as nursing orderly in a hospital (for Operational Theatre Assistant/ Theatre Assistant only)	Yes	No
14	Any Other relevant certificates	Yes	No