

APPLICATION FORM

GOVERNMENT OF ANDHRA PRADESH, HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT.

GOVT. NURSING COLLEGE, NELLORE , S.P.S.R. Nellore District.

Notification No. 01 / 2020, Dt: 05.12.2020 to recruit the posts of Librarian, Personnel Asst., Jr.Asst., DEO., House Keeper, Attenders, Class Room Attenders, Drivers, Watchman, Cleaners, Ayas, Sweepers , Lab Attendants, Lib Attendants, Cook, Kitchen Boy, Dhoby, Thoty/Sweeper in the Govt. Nursing College, Nellore of S.P.S.R. Nellore District on Out Sourcing basis.

1	Name of the Candidate		Latest Photograph Pastehere along with signature.	
2	Name of the Father / Guardian			
	Spouse Name (If married)			
3	Sex (M/F)			
4	Date of Birth (DD/MM/YYYY)			
	Age as on 01-07-2020 (YY/MM /DD)			
5	Social Status (Tick (√) which ever applicable)	OC / BC-A / BC-B / BC-C / BC-D /BC-E / SC / ST		
6	Whether Physically Challenged	YES / NO		
	If yes please mention category (Tick (√) which ever applicable)	HH/OH/VH	Percentage :	
7	Whether Ex-Serviceman	YES / NO		
8	Meritorious Sports Quota	YES / NO		
9	District from which candidate is applying			

DETAILS OF SCHOOL STUDY FROM 4th to 10th.

CLASS	YEAR OF PASSING	NAME OF THE SCHOOL & DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

EDUCATIONAL QUALIFICATIONS

QUALIFICATION	MONTH / YEAR OF PASSING		NAME OF THE INSTITUTE / COLLEGE	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE
	MONTH	YEAR				

D.D. NUMBER & DATE	AMOUNT	NAME OF THE BANK

ADDRESS:

NAME OF THE CANDIDATE	
S/o / D/o / W/o / C/o.	
HOUSE. NO. / DOOR NO. / FLATNO.	
STREET	
VILLAGE / TOWN	
DISTRICT	
POSTAL PIN CODE	
CONTACT MOBILE PHONE NO.	
EMAIL ADDRESS	

CHECK LIST:

Note: - The applicants should attach the Photostat copies of certificate, failing which the application will be rejected.

S. No.	Certificates to be uploaded particulars	Whether enclosed Yes/No
1.	S.S.C. or equivalent examination (for date of Birth)/ Birth certificate issued by the government.	
2.	S.S.C. or equivalent examination pass marks list.	
3.	St. John ambulance and Red Cross Society First Aid Certificate.	
4.	Recent (within 06 months) permanent Caste / Community certificate in case of SC / ST / BC (with categorization) issued by the Revenue authorities (Tahasildar / MRO concerned). In the absence of proper caste certificate the candidate will be treated as O.C candidate.	
5.	Study certificates for the years 4 th to 10 th class from the schools where the candidate studied (Govt./ZP/Municipal/Aided schools).	
	In case of private study 4 th to 10 th class 7 years residence certificate from the Revenue authorities (Tahasildar / MRO) (4 th to 10 th class with years and school name).	
	In case of private study for a period not less than 07 years immediately preceding the date of commencement of 10 th or SSC, residence certificate in the Performa prescribed with authorized signatures. In the absence of the above study / residence certificates, the candidate will be considered as Non-Local.	
6.	Physically Challenged certificate issued by SADAREM in respect of the candidates claiming reservation under PH Quota.	
7.	Relevant certificates in respect of the candidates claiming under Ex-Serviceman Quota.	
8.	Relevant certificates in respect of the candidates claiming under Meritorious Sports Quota.	
9.	Experience certificate of Government Service including contract / out sourcing services Tribal / Rural / Urban in the prescribed format.	

DECLARATION

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

certify that the 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.

SERVICE CERTIFICATE OF CONTRACT/ OUT SOURCING STAFF

Certificate to be issued by the concerned controlling officer
(DM&HO/DCHS any other appointing authority).

This is to certify that Miss & Smt.
S/o, D/o, W/o has been working as
..... in PHC / CHC / AH / DH / GGH / GOI Schemes / etc on
Contract / Outsourcing basis as allowed for weightage marks vide GO. Rt.No. 301
HM&FW (B1) Dept, dated 20-06-2020.

THE DETAILS OF THE CONTRACTUAL / OUT SOURCING SERVICES ARE AS FOLLOWS

Sl. No	Name of the Institution	Rural / Urban	Working / worked		Break of services if any	Reasons for break in services, if any	Charges allegations / Adverse Remarks if any
			From	To			
1							

I hereby declare that,

1. His/Her Services as during the above period are satisfactory.
2. He/ she do not have any adverse remarks from his/her superiors during the period of above services as
3. He/ she is eligible for contractual / Out sourcing services weightage as per the rules published in the notification and Government orders.

// Counter Signature//

SEAL & SIGNATURE OF
CONTROLLING OFFICER

(DMHO/DCHS/ANY OTHER AUTHORITY
WHO APPOINTED THE APPLICANT).