

**GOVERNMENT OF ANDHRA PRADESH
NOTIFICATION FOR RECRUITMENT OF CONTRACT BASIS
SRIKAKULAM DISTRICT**

APPLICATION FOR THE POST OF: _____

APPLICATION FORM

REGISTRATION NO:

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(TO BE FILLED BY THE OFFICE)

REGISTRATION DATE

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1	Name of the Candidate		Latest photograph Past here and sign across it																			
2a	Name of the father																					
2b	Name of the Mother																					
2c	Name of Husband / wife (if married)																					
3	Sex																					
4	Date of Birth and age																					
5	Social status (Please tick)	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">ST</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">A</td> <td style="padding: 2px;">B</td> <td style="padding: 2px;">C</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;">E</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>					OC	BC	BC	BC	BC	BC	SC	ST		A	B	C	D	E		
OC	BC	BC	BC	BC	BC	SC	ST															
	A	B	C	D	E																	
6	Whether Physically	Yes / NO																				
6(a)	If yes please	HH / OH / VH																				
7	Whether Ex-Service man	Yes / No																				

DETAILS OF SCHOOL EDUCATION:

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

STUDY CERTIFICATES FROM IVth TO Xth SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON LOCAL

EDUCATIONAL QUALIFICATIONS:

		NAME OF THE COLLEGE /

MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

Qualifying Examination	Total Marks	Marks Obtained	% of Marks

ADDRESSPARTICULARS:

Name :
Father Name :
Husband Name :
House No. :
Street :
Village / Town :
District :
Pin :
Cell No. / Phone No. :
Email Id :

DECLARATION

I, Smt / Sri / Kum 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

CHECK LIST

1.	Filled-in application form duly signed by applicant
2.	Attested copy of marks memo of SSC (or) equivalent certificate
3.	Attested copies of MBBS Provisional/ Permanent certificate.
4.	Attested copy of marks memo of MBBS
5	Attested copies of Internship completion certificate
6	Attested copies of APMC registration certificate
7	Attested copy of latest caste certificate (in case of SC/ST/BC)
8	Attested copies of study certificates from Class-IV to X where the candidate
9	Attested copy of latest Physically handicapped certificate (if applicable)/Ex-Serviceman.
10	One self addressed cover of size 12 x 26 cm with postal stamps worth of Rs.35/-