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GOVERNMENT OF ANDHRA PRADESH
MEDICAL & HEALTH DEPARTMENT
OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, GUNTUR

NOTIFICATION NO.0059/E1/2026-PHC

APPLICATION FOR THE POST OF

PERSONAL DETAILS:

1	Full Name (Capital Letters)		
2	Gender		
3	Date of Birth		
4	Father/Mother Name		
5	Social Status		
6	Whether Physically Handicapped	YES / NO	
7	Ex-Service Man	YES / NO	
8	Sports	YES / NO	
9	Aadhar Number		
10	Mobile Number	1.	2.
11	e-mail addresses		
12	Full Postal Address for Communication		
13	Bank Remittance Id No with date:		

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	PLACE, MANDAL AND DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

DETAILS OF MARKS OBTAINED

Name of the Course	Maximum Marks /Grade	Marks obtained/Grade obtained	Percentage

WORK EXPERIENCE DETAILS:

Sl. No	Name of the Organization	Type of Organization (Govt., / Private / NGO)	Position held	Period of works (from...to..)

DETAILS ENCLOSURES:

Sl. No	Attested copies of	Enclosed (Yes/No)
1	SSC / X	
2	Intermediate /10+2	
3	Degree certificate	
4	Degree Marks memos	
5	PG Certificate	
6	PG Marks memos	
7	Caste Certificate (If applicable)	
8	Council / Para Medical Registration / Renewal Certificate	
9	4 th to 10 th Class Study Certificates If Private submit Residence Certificate from Thasildar for 7 years	
10	Experience certificates from employer	
11	Physically Handicapped Certificate	
12	Ex-Service Man Service Certificate	
13	Sports Certificates if any	

Signature of the Candidate