OFFICE OF THE SUPERINTENDENT,GOVT GENERAL HOSPITAL, ANANTHAPURAMU

****

RECRUITMENT OF CERTAIN POST UNDER ADMINISTRATIVE CONTROL OF SUPERINTENDENT,GOVT GENERAL HOSPITAL, ANANTHAPURAMU ON CONTRACT BASIS

******

APPLICATON FORM

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE):

APPLICATION FOR THE POST OF:

1.	Name of the candidate:		Paste Photograph here and sign across it
2.	Name of the Father		
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 /		
8	Whether experience if any in Government **(If yes enclosed Service Certificate)**		
9	Whether Ex Service	YES / NO	

DD Number & Date	**Amount**	**Name of the Bank**

DETAILS OF SCHOOL EDUCATION:

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

MARKS OBTAINED IN THE QUALIFYING EXAMINATIONS (PARAMEDICAL POST)

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.

SIGNATURE OF THE CANDIDATE