

## NOTIFICATION

**District Collector & Chairman, Dist. Selection Committee, Srikakulam**

Notification for the recruitment for the post of **ONE LAB TECHNICIAN** on Contract basis for **LOCAL** candidates only under the Administrative Control of Director of Medical Education, A.P., Vijayawada to work at **GOVERNMENT GENERAL HOSPITAL, SRIKAKULAM.**

The eligible candidates should submit the necessary documents along with the application form and Demand Draft of **Rs.300/-** in favour of Hospital Development Society, Government General Hospital, Srikakulam.

### APPLICATION FORM

REGISTRATIN NO:  
(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE

1	Name of the Candidate		Paste photograph 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="display: inline-table;"><tr><td>OC</td><td>BC</td><td>BC</td><td>BC</td><td>BC</td><td>BC</td><td>SC</td><td>ST</td></tr><tr><td></td><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td></td><td></td></tr></table> <p><b>Note: If the ST Candidate Comes under Local Scheduled area please submit their Local Scheduled Area Certificate issued by the Concerned MRO's</b></p>	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 handicapped (Please tick)	Yes / NO																
6(a)	If yes please mention category (please tick)	HH / OH / VH																
7	Whether Ex-Service man / Women	Yes / No																

**DETAILS OF SCHOOL EDUCATION:**

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

STUDY CERTIFICATES FROM IV<sup>th</sup> TO X<sup>th</sup> SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON-LOCAL

**EDUCATIONAL QUALIFICATIONS:**

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION:**

Qualifying Examination	Total Marks	Marks Obtained in the qualifying examination	% of Marks obtained

**EXPERIENCE in Govt. Sector:**

Sl. No	Name of the Institution / projects of State / Central	Experience		No of Years completed
		From	To	

**ADDRESS PARTICULARS:**

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

**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