

BIO DATA FORM

GOVT.GENERAL HOSPITAL, ANANTHAPURAMU (WORK ON CONTRACT BASIS COVID.19 3rd Wave) THROUGH WALK-ININTERVIEW FOR A PERIOD OF 6 MONTHS.

FOR THE POST OF :

01.	Name in Full (in Block Letters)		
02.	Name of the Father		
03.	Full Postal address for communication with Phone No. (Block Letters)		
04.	a)Date of Birth (as entered in SSC or equivalent examination		
05.	Age		
06.	Social Status		
07.	Study 4 th class to 10 th class		
08.	Educational Qualification		
	Total Marks :		
	Total Marks Obtained:		
9.	Percentage of Marks		
10.	Contact mobile No.		
Documents to be enclosed			
11.	1.SSC Marks list	Yes/No	
	2. MD/Dch/DNB(Paediatrics) MBBS/BSC(Nursing)/GNM Certificate & Marks memos	Yes/No	
	3.Caste Certificate	Yes/No	
	4.Internship completion certificate	Yes/No	
12.	5.Council Registration certificate	Yes/No	
13.	6.Physical Handicapped Certificate issued by the Medical Board	Yes/No	

Date:

Place: ANANTHAPURAMU

Signature of the candidate