GOVERNMENT OF ANDHRA PRADESH
GOVERNMENT GENERAL HOSPITAL, GUNTUR

RECRUITMENT OF PHARMACIST GR.II, LAB TECHNICIAN GR.II, BIO MEDICAL ENGINEER, PHYSICIST/NUCLER PHYSICIST, RADIOLOGICAL PHYSICIST and RADIATION SAFETY OFFICER ON CONTRACT BASIS **&** LAB ATTENDANT, OPTOMETRIST, REFRACTIONIST, PHYSIOTHERAPIST, DENTAL HYGIENIST, LADY HEALTH VISITOR, MPHA(Female), MORTURY MECHANIC, AUDIMETRY TECHNICIAN, SPEECH THERAPIST, ECG TECHNICIAN, CARDIOLOGY TECHNICIAN, CATH LAB TECHNICIAN, PERFUSIONIST, RADIOGRAPHER, DARK ROOM ASSISTANT, MRI TECHNICIAN, DIALYSIS TECHNICIAN, DATA ENTRY OPERATOR, OPERATION THEATRE ASSISTANT, MNO and FNO ON OUTSOURCING BASIS

APPLICATION FORM

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST:

1	Name of the Candidate		
2.a	Name of the Father		
2.b	Name of the Mother		
2.c	Name of the Husband/ Wife (if married)		
3	Gender (M/F/Others)		
4	Date of Birth		
4.a	Age as on 01-12-2021	Years: Months: Days:	

5	Social Status (Please Tick)	OC	BC-A	BC-B	BC-C	BC-D	BC-E	EWS	SC	ST
		☐	☐	☐	☐	☐	☐	☐	☐	☐

6	Whether Physically handicapped (Please Tick)	YES/NO
6.a	If please mention category (Please Tick)	VH / HH / OH
7	Whether Ex Service Men/Women	YES /NO

DETAILS OF SCHOOL EDUCATION FORLOCAL STATUS:-

CLASS	YEAR OF PASSING	NAME OF THE STUDYING VILLAGE AND MANDAL	DISTRICT IN WHICH STUDIED
IV			
V			
VI			
VII			
VIII			
IX			
X			

- **STUDY CERTIFICATES FROM IVTH TO XTH SHOULD BE ENCLOSEDOTHERWISE CANDIDATE WILL BE TREATED AS NON LOCAL.**

EDUCATIONAL QUALIFICATIONS AND MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Year of passing	Total Marks	Marks obtained	% of Marks Obtained

WORK EXPERIENCE DETAILS:-

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

Fee Particulars   :

Amount Paid: DD No: DD Date:

Name of the Bank (Please Tick):   SBI /   UNION

ADDRESS PARTICULARS:

      Name   :

      Father/Spouse Name :

      House No   :

      Street   :

      Village/Town   :

      District   :

      Pin   :

      Cell No / Ph. No:

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

NAME AND SIGNATURE OF THE
CANDIDATE