

GOVERNMENT OF ANDHRA PRADESH
(Health, Medical & Family Welfare Department)
GOVERNMENT GENERAL HOSPITAL, KAKINADA, EAST GODAVARI DISTRICT
APPLICATION FORM AS PER NOTIFICATION DATED: 21.12.2020.

Registration No: _____
(To be filled by Office)

Post for which Application made: _____

Paste latest
Passport size
photograph and
sign across it

1.	Name of the candidate								
2. a	Name of the Father								
2. b	Name of the Mother								
2. c	Name of husband / Wife (if married)								
3.	Gender (M/F/TG)								
4.	Date of Birth								
5.	Social Status (Please Tick) – Latest Caste Certificate issued by the concerned Revenue Authority	OC	BC A	BC B	BC C	BC D	BC E	SC	ST
6. a	Whether Physically Handicapped (Please tick)	YES / NO							
6. b	If yes please mention the category (Please tick). Mandatory to submit SADAREM Certificate.	VH / HH / OH							
7.	Whether Ex-serviceman. If YES, relevant proof	YES / NO							
8.	<u>DETAILS OF SCHOOL EDUCATION:</u>								

CLASS	YEAR OF PASSING	Name of the School and Place of Study	District
IV			
V			
VI			
VII			
VIII			
IX			
X			

- If Study Certificates are not enclosed from Class 4th to 10th to the application, the candidate's application will be declared as ***NON LOCAL***.

**EDUCATIONAL QUALIFICATIONS (Academic& Technical) AND MARKS
OBTAINED IN THE QUALIFYING EXAMINATION**

Qualifying Examination	Year of Passing	Total Marks	Marks Obtained	% of Marks obtained	A.P.Para Medical Council Registration No. and Year	A.P.Para Medical Council Registration valid up to

**EXPERIENCE CERTIFICATE IN CASE OF CONTRACT/OUTSOURCING
EMPLOYEES.**

S.No.	Name of the Institution	Experience		No. of Years Completed	Appointment order copy enclosed or not.	Whether the appointment is under D.S.C. or if any.
		From	To			

Application Process Fee : Rs. 300/- (OR) Rs.200/-

Bank D.D original copy : Enclosed / Not enclosed

Date of payment :

Name of the Bank :

D.D. No. & Date :

Branch and Place of Payment :

DECLARATION

I..... hereby solemnly and sincerely affirm that the information furnished by me in the application form and also in all the enclosures thereby submitted by me are true and correct to the best of my knowledge and belief. Later,if the information furnished by me is found fraudulent, incorrect or untrue, I am liable for criminal prosecution. Further, I also agree to forgo my candidature in the above recruitment. I shall abide by the decision of the selection committee which shall be final and binding on me. ***Further, I am also willing to accept the rejection of my application, if the application is found incomplete or insufficient information is provided by me.***

Place:

Date: Signature of the Candidate

ADDRESS PARTICULARS:

Name :
Father's Name :
Spouse Name :
House No :
Street :
Town :
Village :
Mandal :
District :
PIN code :
Mobile No. / Phone No. :
Email. I.D :

**Filled applications should submit to this office through Online
eastgovavari.ap.gov.in / Register Post on or before 26-12-2020**

CHECK LIST

Name of the Applicant:

Post Applied for:

1	Filled-in application form duly signed by the applicant	Yes/No
2.	Attested copy of SSC or its equivalent	Yes/No
3.	Attested copies of Intermediate	Yes/No
4.	Attested copies of GNM/BSc Nursing Marks Memos	Yes/No
5.	Attested copy of Para Medical Registration Certificate	Yes/No
6.	Attested copy of Computer Applications if any having by applicant.	Yes/No
7.	Attested copy of Latest Certificate issued by the Tahsildar/MRO concerned (Non production of this certificate leads to consider OC)	Yes/No
8.	Attested copy of First Aid Training pass certificate	Yes/No
9.	Attested copy of experience certificate enclosed in respect of contract/outsourcing employees.	Yes/No
10.	Attested copies of study certificates from Class – IV to X where the candidate studied and in case of private study residential certificate from the Tahsildar / MRO concerned.	Yes/No
11.	Attested copy of latest Physically handicapped certificate from Medical board/ SADAREM Certificate issued by the government (if applicable)	Yes/No
12.	Demand draft No..... & Date/12/2020 Name of the Bank Branch..... and the applicant to write his name legibly at the back of the demand draft	

Note: All the enclosed attested copies must have the signature of the applicant also which is mandatory.

I am willing to accept the rejection of application if the application is found incomplete or insufficient information is provided by me.

Place:

Date:

Signature of the Candidate.