

GOVERNMENT OF ANDHRA PRADESH
HEALTH, MEDICAL & FAMILY WELFARE DEPARTMENT
Govt General Hospital , Srikakulam.

(Notification No:1806/NTRVS/HR(1)/GGH/2025, Date:02.08.2025)

Recruitment to the Posts of DEO cum Computer Assistant to work on contract basis for
Dr. NTRVS in Govt General Hospital ,Srikakulam.

Application for Post of : Data Entry Operator cum Computer Assistant

Affix Pass portsize
latest colour
photograph

Application No.(to be filled by the office)

| | | |
|----|--|---------|
| 1 | Name of the Candidate: | |
| 2 | Gender (M/F): | |
| 3 | Father's/Husband Name | |
| 4 | Date of Birth(DD-MM-YYYY): | |
| 5 | Social Status (OC/OC-EWS/SC (I,II,III) /ST/BC-A,B,C,D,E) | |
| 6 | Whether claiming for service weightage for experience service (enclose service certificate) issued by the Competent Authority | Yes /No |
| 7 | Whether Physically Handicapped (VH/HH/OH) (SADAREM Certificate to been closed) | |
| 8 | Whether Ex-Servicemen (enclose Service Certificate) | Yes /No |
| 9 | Mobile number of the applicant | 1. 2. |
| 10 | E-mail ID: | |
| 11 | Aadhar Number | |
| 12 | Application Fee particulars (Demand Draft No): | |

| | |
|----|----------------------------|
| 13 | Address for communication: |
|----|----------------------------|

Marks obtained in the requisite Academic / Professional / Technical qualification

| Qualification | Maximum Marks | Marks obtained | Year of passing (Month & Year) | Any other remarks |
|---------------|---------------|----------------|--------------------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

Details of the service

| Sl.No | Name of the Institution | Period of service | | Total period (Years–Months–Days) | Service certificate issued by the competent authority enclosed (yes/no) |
|-------|-------------------------|-------------------|----|----------------------------------|---|
| | | From | To | | |
| | | | | | |
| | | | | | |
| | | | | | |

Details of School studies from IVth Class to Xth Class:

| Sl. No | Class | Year of passing | Name of the School | Town and District |
|--------|-------|-----------------|--------------------|-------------------|
| 1 | IV | | | |
| 2 | V | | | |
| 3 | VI | | | |
| 4 | VII | | | |
| 5 | VIII | | | |
| 6 | IX | | | |
| 7 | X | | | |

DECLARATION,

Smt/Kum/Sri.....D/o or S/o or W/o

.....do hereby declare that, above particulars furnished by me are true to the best of my knowledge. I agree that in the event of any of the details furnished above being found to be incorrect or false at a later date, my candidature will be forfeited summarily and will not proceed legally for claiming the candidature for the recruitment process. Also will not claim for regularization of services and abide by the orders / rules issued by the Govt. of AP from time to time.

Signature of the applicant

:: CHECK LIST ::

| Sl. No. | Enclosure | Status |
|---------|--|--------|
| 1 | Marks memo of SSC (or) equivalent certificate | Yes/No |
| 2 | Latest caste certificate (in case of SC/ST/BC / EWS) | Yes/No |
| 3 | Aadhar card zerox copy | Yes/No |
| 4 | Latest physically handicapped certificate issued in sadarem. | Yes/No |
| 5 | Ex-service men / women in armed forces certificate (if applicable) | Yes/No |
| 6 | Study certificates from Class-IV to X where the candidate studied. | Yes/No |
| 7 | Marks memos of all the years of qualifying examination | Yes/No |
| 8 | Provisional / Permanent certificate of qualification | Yes/No |
| 10 | Service certificate issued by the concerned government departmental institution head (if applicable) | Yes/No |
| 11 | Latest passport size photograph of the applicant was affixed with self attestation | Yes/No |
| 12 | Demand Draft in favor of Hospital Development Society, GGH, Srikakulam enclosed | Yes/No |

Signature of the applicant

