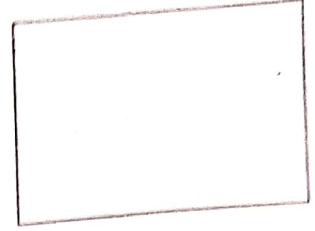


GOVERNMENT OF ANDHRA PRADESH
OFFICE OF THE ADDL. DME / SUPERINTENDENT
GOVERNMENT TEACHING GENERAL HOSPITAL, VIZIANAGARAM
BIO-DATA / APPLICATION FORM



Post Applied For: - Date Entry Operator

1. Full Name (in Block Letters): _____

2. Father's / Husband's Name: _____

3. Date of Birth: _____ Age: _____ Years _____ Months as on 01.10.2025

4. Gender: ☐ Male ☐ Female ☐ Other

5. Marital Status: ☐ Married ☐ Unmarried

6. Permanent Address:

7. Present Address (for communication):

8. Mobile No.: _____

9. Email ID (if any): _____

Educational Qualifications:

Educational Qualification	Group	Name of the university / institution	Total Marks	Marks obtained	% of Marks	75% of Degree	25% PGDCA
Graduation							
PGDCA							

Declaration:

I hereby declare that the information furnished above is true and correct to the best of my knowledge. If any information is found incorrect, my candidature is liable for rejection.

Date: _____

Signature of the Applicant

Place: _____

Certificates to be enclosed to the application in the following order

1. Aadhar Card
2. SSC Certificate
3. Degree/Graduation Marks memo and OD/Provisional Document
4. PGDCA Marks memo cum passed Certificate.
5. 4th to 10th class study certificates

Note: Earstwhile Vizianagaram District candidates are only eligibel for these post.