

GOVERNMENT OF ANDHRA PRADESH
(Health, Medical & Family Welfare Department)

RANGARAYA MEDICAL COLLEGE, KAKINADA, EAST GODAVARI DISTRICT
APPLICATION FORM AS PER NOTIFICATION DATED: .12.2021.

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 applicant (in BLOCK letters) | | | | | | | | | |
| 2. a | Name of the Father / Husband | | | | | | | | | |
| 3. | Gender (M/F/TG) | | | | | | | | | |
| 4. | Date of Birth | | | | | | | | | |
| 5. | Social Status (Please Tick) – Latest Caste Certificate issued by the concerned Revenue Authority | OC | EWS | BC-A | BC-B | BC-C | BC-D | BC-E | SC | ST |
| 6. a | Whether belongs to Physically Handicapped (latest Physically handicapped certificate from Medical board (SADAREM) only to be enclosed) | | | | | | | | | |
| b | If belongs to Ex-Service men, length of service in armed forces (Certificate to that effect to be enclosed). | | | | | | | | | |
| 7. | <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 |
|------------------------|-----------------|-------------|----------------|---------------------|--|---|
| | | | | | | |
| | | | | | | |
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EXPERIENCE CERTIFICATE IN CASE OF CONTRACT/OUTSOURCING EMPLOYEES.

| Sl. 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. | COVID - 19 Service |
|---------|-------------------------|------------|----|------------------------|---|--|--------------------|
| | | From | To | | | | |
| | | | | | | | |
| | | | | | | | |
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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:

House No :
Street :
Town :
Village :
Mandal :
District :
PIN code :
Mobile No. / Phone No. :
Email. I.D :

Filled in applications along with relevant and necessary enclosures to be dropped in the assigned drop box near the recruitment cell.

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 relevant technical qualification marks obtained for the post of Lab Technician/Ophthalmic Technician/Lab Attendant/Data Entry Operator. | Yes/No |
| 5. | Attested copy of Para Medical Registration Certificate. | Yes/No |
| 6. | Attested copy of Latest Caste Certificate issued by the Tahsildar/MRO concerned (Non production of this certificate leads to consider OC) and attested copy of EWS certificate issued by the concerned authority (if applicable). | Yes/No |
| 7. | Attested copy of First Aid Training pass certificate. | Yes/No |
| 8. | Attested copy of experience certificate enclosed in respect of contract/outsourcing employees. | Yes/No |
| 9. | Attested copies of study certificates from Class – IV to X where the candidate studied. | Yes/No |
| 10. | Attested copy of latest Physically handicapped certificate from Medical board (SADAREM) Certificate issued by the government (if applicable) | Yes/No |
| 11. | Attested copy of certificate supporting Ex Service Man Quota (if applicable) | Yes/No |
| 12. | Attested copy of COVID – 19 Service Certificate. | Yes/No |

Date:

Signature of the Candidate.