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

RANGARAYA MEDICAL COLLEGE, KAKINADA, EAST GODAVARI DISTRICT
APPLICATION FORM AS PER NOTIFICATION DATED: 14.12.2025.

Registration No: _____
(To be filled by Office)

Post for which Application made:

(The Applicant should be submit separate application for each cadre)

		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.	**DETAILS OF SCHOOL EDUCATION:**									

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 SHOULD BE COUNTERSIGNED BY THE CONCERNED APPOINTING AUTHORITY. OTHERWISE NOT COUNTED FOR WEIGTAGE.

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				

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 recruitment cell directly.

CHECK LIST

Name of the Applicant :   Post Applied for :

Fee Payment Method :

1	Filled-in application form duly signed by the applicant.	Yes/No
2.	Attested copy of SSC or its equivalent (for date of birth proof).	Yes/No
3.	Attested copies of Intermediate / Degree / PG and relevant diploma courses.	Yes/No
4.	Attested copy of Para Medical Registration Certificate.	Yes/No
5.	Attested copy of Latest Caste Certificate issued by the Tahsildar/MRO concerned (Non production of this certificate leads to consider OC)	Yes/No
6.	Attested copy of experience certificate along with appointment order in contract/outsourcing working in Govt. Sector).	Yes/No
7.	Attested copies of study certificates from Class – IV to X where the candidate studied.	Yes/No
8.	Attested copy of latest Physically handicapped certificate from Medical board (SADAREM) Certificate issued by the government (if applicable)	Yes/No
9.	COVID – 19 Service Certificate countersigned by the concerned authority in original to consider same cadre service only.	Yes/No
10.	Driving License for Heavy Drivers post with experience certificate not less than 02 years Govt. / Private sector.	Yes/No

Date: Signature of the Candidate.