

APPLICATION FORM

APPLICATION FOR THE POST OF

ON OUTSOURCING BASIS UNDER DR. YSR AAROGYA SRI

Attested
Pass port size
Photo

1) Name of the applicant (in BLOCK letters)														
2) Aadhar No of the candidate (Mandatory)														
3) Father's Name / Husband's Name														
4) Residential Address :														
5) Candidates personal mobile no. (Mandatory) * All communications will be through mobile only														
3) Sex : (Male / Female)		4) Date of birth :												
5) Religion :		6) Social Status : (SC/ST/BC - (with A,B,C,D) /OC)												
7) Relaxation of age if any : (Yes/No)														
8) Whether belongs to physically handicapped (latest Certificate issued by the SADARAM only valid)										(Yes/ No)				
9) If belongs to Ex-Service men, length of service in armed force (Only Candidate must be Ex-service men/women)										(Yes/ No)				
Study and conduct certificate details from Class-IV to Xth Class														
Sl. No.	Class	Year of passing	School & Place / College & University								District			
1	4 th Class													
2	5 th Class													
3	6 th Class													
4	7 th Class													
5	8 th Class													
6	9 th Class													
7	10 th Class													
Educational Qualification :														
Month & year of passing		Max. marks/ Grade/Points			Marks /Grade/Points obtained				Percentage of Marks Grade/Points /					
Name of the council / board in which registered		Registration No:			Year of Registration				Renewal registration Valid from					

Experience details if any required to be submitted for the post shall be furnished hereunder and the copy of experience certificate shall be enclosed to the application

Name of the post to which the candidate applied in which experience is mandatory	
Name of the institution where the candidate gained experience	
Period of working (indicate DD/MM/YYYY)	From_____To _____
No. of completed years	
Whether, the institution where the candidate has worked is Government /Private	Government /Private
If the candidate worked in government name of the department and scheme in which worked	

DECLARATION

I, _____, S/O / D/O / W/O.
_____, resident of House No: _____, Address

_____, do hereby declare
that, all the particulars furnished in my application are true and correct. I have read the entire notification and abide to the guidelines. I, further declare that, if the above particulars are found incorrect, I shall be liable for termination from service with immediate effect without any notice.

Signature of the applicant

:: CHECK LIST ::

Sl. No.	Enclosures	Status
1	Filled-in application form with latest Passport size photo affixed.	Yes/No
2	Attested copy of marks memo of SSC (or) equivalent certificate	Yes/No
3	Attested copies of marks memos of all the years of qualifying examination	Yes/No
4	Attested copies of Provisional / Permanent certificate of qualification	Yes/No
5	Attested copy of permanent registration certificate of the respected council / Board	Yes/No
6	Attested copy of latest caste certificate (in case of SC/ST/BC)	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 / Ex-Servicemen(if applicable)	Yes/No
9	Attested copy of experience certificate of the candidate (if applicable)	Yes/No
10	Attested copy of sports certificate along with eligibility certificate obtained from the District Sports Development Authority i.e. DSDO.	Yes/No
11	Attested copy of Aadhar certificate of the candidate (mandatory)	Yes/No
12	Demand Draft / Banker's cheque for R.300/- drawn from any nationalized bank in favour of District Coordinator, Dr. YSR Aarogya Sri Health Care Trust, Srikakulam	Yes/No

While handing over the filled in application to the District Coordinator, Dr.YSR Aarogya Sri Health Care Trust, the candidate shall submit in the order as prescribed in the above check list.

Signature of the applicant