GOVERNMENT OF ANDHRA PRADESH

RECRUITMENT OF STAFF NURSE/LAB TECHNICIA GR.II/PHARMACIST GR.II ON CONTRACT BASIS AND MNO/FNO ON OUTSOURCING BASIS

APPLICATION FORM

REGISTRATION NO:									
(TO E	BE FILLED BY THE OFFICE	≣)							
POS	ST FOR WHICH APPLICAT	ION MAI	DE:						
1.	Name of the candidate								
2.a	Name of the Father						1	Paste ograph h ign acro	ere an
2.b	Name of Mother								
2.c	Name of husband/wife (if married)								
3.	Gender (M/F)								
4.	Date of Birth								
5.	Social Status(Please tick)	OC	BC A	BC B	BC C	BC D	BC E	SC	ST
6.	Whether Physically handicapped (Please tick)				YES	/ NO)		
6(a)	If yes please mention category (Please tick)		VH	/	ŀ	НH	1	ОН	
7.	Whether Ex Service man/woman			Y	ES	/	NO		

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	Name of the studying Village and Mandal	DISTRICT IN WHICH STUDIED
IV			
V			
VI			
VII			
VIII			
IX			
Х			

• STUDY CERTIFICATES FROM IVTH TO XTH SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON LOCAL.

EDUCATIONAL QUALIFICATIONS AND MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Year of passing	Total Marks	Marks Obtained	% of Marks Obtained

ADDRESS PARTICU	_ARS:
Name	:
Father Name/	
Spouse name	
House No	:
Street	:
Village/Town	:
District	:
Pin	:
Cell No / Ph. N	lo:
	DECLARATION
certify that above	D/o/S/o
_	nt of any of the particulars furnished in my application being found to be later date my candidature will be cancelled summarily
incorrect of false at a	ater date my candidature will be cancelled summanly
	NAME AND SIGNATURE OF THE
	CANDIDATE