### GOVERNMENT OF ANDHRA PRADESH DISTRICT MEDICAL & HEALTH OFFICER: KADAPA, YSR DISTRICT. NOTIFICATION NO. 05/ 2020.

	(For the Po		
	APPLICATION NO:  (TO BE FILLED BY THE OFFICE	EE)	AFFIX PHOTOGRAPH HERE
APPI	LICATION FOR THE POST OF:		
1.	Name of the candidate:		
2.a	Name of the Father		
2.b	Name of the Spouse (If Married)		
3.	Gender		
4.	Date of Birth		
5.	Social Status (OC/SC/ST/ BC-A,B,C,D,E)		
6.	Status (Local/Non Local)		
7.	Whether Physically handicapped Specify details. (VH / HH / OH)		
8.	Whether Sports if any details:		
9	Whether working on Contract / Out Sourcing Basis in any Government institutions under Medical and Health Dept. (If yes enclose Service Certificate from the Concerned Authority)		Number of years of Service working in government institution ( M & H)
10.	Whether Ex Service man/woman	YES / NO	

## 11. <u>APPLICATION FEE</u>: To the A/c. **067401001328**, IFSC - **ICIC0000674**

Receipt / Counter Foil No.	Amount	Mode of Payment (through Bank, Online / UPI Transactions)

#### 12. DETAILS OF SCHOOL EDUCATION:

Class	Year of Passing	School & Place	District
IV			
V			
VI			
VII			
VIII			
IX			
X			

# 13. MARKS OBTAINED IN THE REQUISITE QUALIFICATION FOR THE POST OF STAFF NURSE / PHARMACIST GR-II / LAB TECHNICIAN GR-II :

		Marks obtained		A.P.	
Requisite Technical Qualification	Name of the College & University	Year	Max. Marks	Marks obtained	Nursing / Pharmacy Council / Para Medical Board Regd. No.
		Total			

### 09. ADDRESS FOR COMMUNICATION ALONG WITH MOBILE NUMBER:

NAME	:	
Father's / Husband's Name	:	
Present Residential Address	:	
E-mail ID	:	
Mobile No.	:	

### **DECLARATION**

l	S/o. / D/o	certified that the
particulars giv	en above are correct to the best of my knowled	dge and belief. I also agree that in
the event of a	ny of the particulars furnish in my application b	peing found to be incorrect or false
at a later date	my appointment will be cancelled summarily.	