

**GOVERNMENT OF ANDHRA PRADESH  
MEDICAL, HEALTH & FAMILY WELFARE DEPARTMENT  
RECRUITMENT FOR THE POST OF STAFFA NURSE/  
LAB-TECHNICIAN/PHARMACIST  
ON CONTRACT BASIS IN PRAKASAM DISTRICT  
APPLICATION FORM**

**REGISTRATION NO :**

(TO BE FILLED BY THE OFFICE)

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**NAME OF THE POST APPLIED FOR: .....**

1	Name of the Candidate		<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;">                 PASS PORT SIZE PHOTO             </div>							
2	Sex									
3	Name of the Father									
4	Name of the Mother									
5	Name of Husband/ Wife(if Married)									
6	Date of Birth									
7	Social status(Please Tick)	<table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr> <td style="width: 10%;">OC</td> <td style="width: 10%;">BC-A</td> <td style="width: 10%;">BC-B</td> <td style="width: 10%;">BC-C</td> <td style="width: 10%;">BC-D</td> <td style="width: 10%;">BC-E</td> <td style="width: 10%;">SC</td> <td style="width: 10%;">ST</td> </tr> </table>	OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST
OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST			
8	Whether Physically handicapped (Please tick)	Yes / No								
9	If yes please mention category (Please tick)	HH / OH / VH								
10	Sports certificates(for Sports Quota)	Yes / No								
11	Whether Ex Service man / Woman	Yes / No								
12	Local / Non-Local									

**DETAILS OF SCHOOL EDUCATION:**

Sl. No.	Class	Year of Passing	School /Village/Town	District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

**EDUCATIONAL QUALIFICATIONS:**

Name of the Qualification	Year of Passing	Name of the Board
SSC		
Intermediate		

**Marks obtained in the Technical Examination**

Name of the Technical Examination	Total Marks	Marks Obtained	% of Marks Obtained	Council Registration Number

**Contract/outsourcing service if any in Government Sector**

Contract/Outsourcing	From	To	Name of the Institution	Total period of Service

**Address Particulars:**

Name :  
Father Name :  
Husband Name :  
House No :  
Street :  
Village/Town :  
District :  
Pin :  
Cell No/Ph. No :

**DECLARATION**

I, Smt/Kum/Sri....., D/o,S/o.....  
certify that above particulars furnished by me are correct to the best of my  
knowledge. I also agree that in the event of any of the particulars furnished in  
my application being found to be incorrect or false at a later date my  
candidature will be cancelled summarily.

**Signature of the candidate**

**CHECK LIST**

**Candidates are instructed to arrange the documents in the following order:**

1.	Filled in application form	Yes	No
2.	Attested copy of memo of SSC or equivalent certificate (for Date of Birth and Marks).	Yes	No
3.	Attested copies of academic qualification where ever applicable	Yes	No
4.	Attested copies of Technical qualification where ever applicable	Yes	No
5.	Attested copies of all Marks Memos of Academic / Professional / Technical Qualifying examination	Yes	No
6.	Attested copy of latest caste certificate (in case of SC/ ST/BC including group)	Yes	No
7.	Attested copies of study certificate from class-IV to class-X where the candidates studied/Residence certificate issued by Tahsildar in respect of private candidates	Yes	No
8.	Attested copy of latest physically handicapped certificate issued by SADERAM (if applicable)	Yes	No
9.	Professional council registration certificate whichever applicable (Paramedical /Pharmacy/ nursing / midwife etc)	Yes	No
10	Apprenticeship Certificate for LT (If applicable)	Yes	No
10.	Experience Certificate of Contract/outsourcing if any in Government Sector only	Yes	No
11.	Sports Certificates if any	Yes	No
12	Other Certificates if any	Yes	No

**IMPORTANT NOTE:-**

Application without the required enclosures will summarily be rejected and the applicant will be treated as ineligible.