

**NOTIFICATION**

HEALTH & FAMILY WELFARE DEPARTMENT

Notification for the recruitment drive for the posts ,like **Staff Nurses/Lab-Technicians/ Pharmacists** Posts Under the Administrative Control of District Medical & Health Officer, Srikakulam on Contract Basis.

**APPLICATION FORM**

REGISTRATIN NO:  
(TO BE FILLED BY THE OFFICE)

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POST FOR WHICH APPLICATION MADE

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1	Name of the Candidate		Paste photograph here and sign across it															
2a	Name of the father																	
2b	Name of the Mother																	
2c	Name of Husband / wife (if married)																	
3	Sex																	
4	Date of Birth and age																	
5	Social status (Please tick)	<table border="1" style="display: inline-table; text-align: center;"><tr><td>OC</td><td>BC</td><td>BC</td><td>BC</td><td>BC</td><td>BC</td><td>SC</td><td>ST</td></tr><tr><td></td><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td></td><td></td></tr></table> <p><b>Note: If the ST Candidate Comes under Local Scheduled area please submit their Local Scheduled Area Certificate issued by the Concerned MRO's</b></p>	OC	BC	BC	BC	BC	BC	SC	ST		A	B	C	D	E		
OC	BC	BC	BC	BC	BC	SC	ST											
	A	B	C	D	E													
6	Whether Physically handicapped (Please tick)	Yes / No																
6(a)	If yes please mention category (please tick)	HH / OH / VH																
7	Whether Ex-Service man / Women	Yes / No																

**DETAILS OF SCHOOL EDUCATION:**

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

STUDY CERTIFICATES FROM IV<sup>th</sup> TO X<sup>th</sup> SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON-LOCAL

**EDUCATIONAL QUALIFICATIONS:**

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION:**

Qualifying Examination	Total Marks	Marks Obtained (GNM/B.Sc(N)) (Inter MLT/DMLT/B.Sc(MLT)) (B.Pharmacy/D.Pharmacy/M.Pharmacy)	% of Marks obtained

**EXPERIENCE in Govt.Sector:**

Sl. No	Name of the PHC	Experience		No of Years completed
		From	To	

**ADDRESS PARTICULARS:**

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

**DECLARATION**

I, Smt / Sri / Kum ..... D/o / S/o / W/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

Name and Signature of  
the candidate

## Check List

1. Name & Address of the Candidate :
  
  
  
  
  
  
  
  
  
  
2. Mobile No. :
  
  
  
  
  
  
  
  
  
  
3. Date of Birth (Mentioned in 10<sup>th</sup> Class) :
  
  
  
  
  
  
  
  
  
  
4. Caste :
  
  
  
  
  
  
  
  
  
  
5. Local / Non-Local :  
(Study from 4<sup>th</sup> 10<sup>th</sup> more than 4 years  
(i.e. from 4<sup>th</sup> to 10<sup>th</sup>) in Srikakulam District,  
candidate belongs to Local other than Non-Local)
  
  
  
  
  
  
  
  
  
  
6. Physically Handicapped :  
(Plz. mentioned % of PH  
Only southern certificates are allowed)
  
  
  
  
  
  
  
  
  
  
7. Technical Training Marks :  
(Secured / Max Marks)
  
  
  
  
  
  
  
  
  
  
8. Year of Passing :  
(i.e. Registration Year)
  
  
  
  
  
  
  
  
  
  
9. Experience Certificate on Contract/  
Out-Sourcing details :

**Signature of the Candidate**

**Please submit your application**  
**below Order:**

**1. Check List**

**2. Application Form**

**3. 10<sup>th</sup> Class Marks List**

**4. Caste Certificate**

**5. PH Certificate (SADARAM Certificate)**

**6. Study Certificate (i.e., 4<sup>th</sup> to 10<sup>th</sup> class)**

**7. Education Qualification (i.e., Technical Education)**

**8. Registration Certificate**

**9. Experience Certificate (Govt. Service Only)**