

**GOVERNMENT OF ANDHRA PRADESH  
DIRECTOR OF MEDICAL EDUCATION, ANDHRA PRADESH, VIJAYAWADA**

**APPLICATION FOR THE POST OF STAFF NURSES/ LAB TECHNICIANS/ CHILD  
PSYCHOLOGIST/ RADIOGRAPHERS/ OPERATION THEATRE ASSISTANTS  
TO WORK ON CONTRACT/ OUTSOURCING BASIS IN  
GOVT.GENERAL HOSPITAL, VIJAYAWADA, KRISHNA**

**APPLICATION FORM**

REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION  
MADE:

1.	Name of the candidate								Photo
2.a	Name of the Father								
2.b	Name of the Mother								
2.c	Name of husband/wife (if married)								
3.	Sex								
4.	Date of Birth (as per SSC)								
5	E- mail Address								
6	Address for Communication								
7	Contact Number								
8	Social Status(Please tick)	OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Whether Physically Handicapped (Please tick)	YES / NO							
9(a)	If yes please mention category (Please tick)	HH / OH / VH							
10.	Whether Ex Service man /Woman	YES / NO							

**11. Details of School Education:**

Class	Year of passing	Name of the School	Name of the District
IV			
V			
VI			
VII			
VIII			
IX			
X			

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

**12. ACADEMIC QUALIFICATION:**

Qualifications: (SSC/INTER)	Total Marks	Marks obtained	Years of passing

**13. MARKS OBTAINED IN THE TECHNICAL EXAMINATION (Copy should be Enclosed)**

Qualifying Examination (GNM/BSC(N)/M.Sc(N)/ Diploma/ DEGREE / PG	Total Marks	Marks Obtained	% of Marks Obtained	Year of passing

**14. Experience Certificate in case of contract/Out Sourcing Employees. (Copy should be Enclosed)**

Sl.No.	Name of the Hospital	Experience		No of years completed
		From	To	

**DECLARATION**

I, Smt./Kum/Sri. ....D/O,S/O,W/O..... Certify that above particulars furnished by me are correct. 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 can be cancelled summarily.

Station :

Date :

SIGNATURE OF THE CANDIDATE

## **Guidelines and instructions for filling up of application:**

The filled applications should be submitted in person/Registered post duly enclosing the following certificates duly attested by the gazetted officer along with the application form at o/o The Superintendent Government General Hospital Vijayawada, Krishna. Dist from 16.07.2020 to 25.07.2020 on working days in working hours i.e 10.30 AM to 5.00 PM. The application without signature of the applicant or without any of the following enclosures will be summarily rejected.

1. S.S.C or Equivalent examination Marks Memo.
2. Intermediate or 10+2 examination Marks Memo.
3. Qualifying Examination Pass Certificate (Provisional certificate not consider).
4. Marks memos of all the years (qualifying examination)
5. Registration and Renewal certificates of respective councils must be in force.
6. Internship Certificate if any applicable.
7. Latest Caste certificate issued by the Tashildhar/MRO concerned
8. Study certificate for the years from 4th class to 10th Class.  
In case of Private study residence certificate from the Tashildhar/MRO concerned for the above period (4th to 10th Class study period).
9. PH certificate (SADAREM CERTIFICATE) in respect of candidates Claiming reservation under Disabled Quota
10. Relevant Certificates in respect of candidates claiming Ex Service man Quota.
11. Service Certificate issued by the competent authority who are claiming contract/Out sourcing weight age
12. One photograph duly pasted on the application form
13. One self addressed cover size 12X26 cm with postal stamps for worth of Rs.35/-and self addressed post card.
14. Crossed demand draft for Rs.200/- drawn on any nationalized bank in favor of “The Chairman, Hospital Development Society” Government General Hospital, Vijayawada.