

GOVERNMENT OF ANDHRA PRADESH

**RECRUITMENT OF PMOAs ON OUTSOURCING BASIS UNDER Y.S.R.KANTIVELUGU
PROGRAMME
APPLICATION FORM**

REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE:

1.	Name of the candidate								
2.a	Father's Name								
2.b	Mother's Name								
2.c	Name of husband/wife(if married)								
3.	Sex								
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)	HH / OH / VH							
7.	Whether Ex Service man /Woman	YES / NO							

DETAILS OF SCHOOL EDUCATION:

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

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

EDUCATIONAL QUALIFICATION:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained

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 candidate will be cancelled summarily.

NAME AND SIGNATURE OF THE
CANDIDATE