

**GOVERNMENT OF ANDHRA PRADESH  
NOTIFICATION FOR RECRUITMENT OF CONTRACT BASIS  
SRIKAKULAM DISTRICT**

APPLICATION FOR THE POST OF:

**APPLICATION FORM**

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

REGISTRATION DATE



1	Name of the Candidate		Latest photograph Past 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; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">OC</td> <td style="width: 20px;">BC</td> <td style="width: 20px;">BC</td> <td style="width: 20px;">BC</td> <td style="width: 20px;">BC</td> <td style="width: 20px;">BC</td> <td style="width: 20px;">SC</td> <td style="width: 20px;">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>								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	Yes / NO																							
6(a)	If yes please	HH / OH / VH																							
7	Whether Ex-Service man	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:**

a

Qualifying Examination	Total Marks	Marks Obtained	% of Marks obtained

**EXPERIENCE:-**

S.No.	Name of the Institution	From	`To	Total period Experience

**ADDRESSPARTICULARS:**

Name :

Father Name :

Husband Name :

House No. :

Street :

Village / Town :

District :

Pin :

Cell No. / Phone No. :

Email Id :

**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	Filled-in application form duly signed by applicant
2	Attested copy of marks memo of SSC ( or) equivalent certificate
3	Attested copies of MBBS Provisional/ Permanent certificate.
4	Attested copy of marks memo of MBBS
5	Attested copies of Internship completion certificate
6	Attested copies of APMC registration certificate
7	Attested copy of latest caste certificate (in case of SC/ST/BC)
8	Attested copies of study certificates from Class-IV to X where the candidate
9	Attested copy of latest Physically handicapped certificate (if applicable)/Ex-Serviceman.
10	One self addressed cover of size 12 x 26 cm with postal stamps worth of Rs.35/-

DISTRICT MEDICAL AND HEALTH OFFICE :: SRIKAKULAM

RECEIPT

Received application from Mr./Ms. \_\_\_\_\_ for  
the post of \_\_\_\_\_ on Dt. \_\_\_\_\_ Application No.  
\_\_\_\_\_

Signature of the received  
Employee

DISTRICT MEDICAL AND HEALTH OFFICE :: SRIKAKULAM

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