

**HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT  
PRINCIPAL, ACSR GOVT MEDICAL COLLEGE, NELLORE  
RECRUITMENT NOTIFICATION NO.04-A/2022.**

**APPLICATION FORM**

(AFFIX LATEST  
PASSPORT SIZE  
COLOUR  
PHOTOGRAPH  
HERE)

APPLICATION NO: (TO BE FILLED BY THE OFFICE)	<input style="width: 95%; height: 20px;" type="text"/>
APPLICATION FOR THE POST OF: (TO BE FILLED BY THE APPLICANT)	<input style="width: 95%; height: 20px;" type="text"/>

1.	Name of the Candidate	
2.	Name of the Father	
3.	Gender (Male/Female)	
4.	Date of Birth	
5.	Social Status (OC/SC/ST/ BC-A,B,C,D,E/EWS)	
6.	Status (Local/Non Local)	
7.	Whether belongs to PH category, If yes, Specify details. (VH / HH / OH) (SADAREM certificate must be enclosed)	Yes / No
8.	Whether belongs sports category, if yes (details of Sports)	
9.	Whether belongs to Ex Service man/woman	
10	Whether working on Contract / Out Sourcing Basis/Covid duties in Medical and Health Dept. ((If yes enclose Service Certificate from the Concerned Authority)	Number of years of Service working in government institution (M & H)

**11. DETAILS OF SCHOOL EDUCATION:**

Class	Year of Passing	Name of the School & Place	District
IV			
V			
VI			
VII			
VIII			
IX			
X			

**12. MARKS OBTAINED IN THE REQUISITE ACADEMIC/ TECHNICAL QUALIFICATION:**

Name of the Requisite Qualification for the post applied	Name of the College & University	Marks obtained			A.P. Para Medical Board Regd. No. / First Aid Certificate No. / PGDCA/DCA Details
		Year	Max. Marks	Marks obtained	
		Total			

**13. ADDRESS FOR COMMUNICATION ALONG WITH MOBILE NUMBER:**

NAME	:	
Father's / Husband's Name	:	
Present Residential Address	:	
E-mail ID	:	
Mobile No.	:	

**DECLARATION**

I \_\_\_\_\_ S/o. / D/o. \_\_\_\_\_ declared that the particulars given above are correct to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnished in my application being found incorrect or false at a later date my appointment will be cancelled summarily.

Date:

Signature of the Applicant.