

# APPLICATION FORM

**GOVERNMENT OF ANDHRA PRADESH  
OFFICE OF THE SUPERINTENDENT, GOVT. GENERAL HOSPITAL, KURNOOL.**

**APPLICATION FOR RECRUITMENT OF PARAMEDICAL AND OTHER POSTS ON CONTRACT/OUTSOURCING BASIS TO WORK AT GGH, KURNOOL AS PER G.O.Ms.No.140&141 HM&FW Dt.17.11.2021 and G.O.Ms.No. 472 HM&FW (A1) Dept. Dt.21.06.2022.**

**REGISTRATION NO.**  
(TO BE FILLED BY THE OFFICE)

**NAME OF THE POST APPLIED::**

1	Name of the Applicant (In block letters as per SSC Marks list)									
2	Name of the Father									
3	Name of the Spouse (if Married)									
4	Gender									
5	Date of Birth (As per SSC marks certificate)									
6	Age as on 01.07.2021									
7	Social Status (SC/ST/BC-A,B,C,D/EWS Others) Latest caste certificate issued by Tahsildar to be enclosed)	OC	BC A	BC B	BC C	BC D	BC E	SC	ST	EWS
8	Status (Local/Non Local) as per study from 4 <sup>th</sup> to 10 <sup>th</sup> class									
9	Whether belongs to Physical handicapped Specify details (VH/HH /OH) Category (Latest certificate to be enclosed by Medical Board) (SADARAN)									
10	Whether Sports if any details:									
11	Whether Ex-servicemen/women	YES/NO								
12	Name of the requisite Qualification the applicant passed (Name of the Course)									
	Date of the completion of above requisite Qualification									
	Respective Council Registration No. & Date. & Upto validity									
13	Whether belongs to Economically weaker section category									
14	Demand Draft Number, Date									

	andAmount	
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**16. DETAILS OF SCHOOL EDUCATION:**

SL. NO.	CLASS	YEAR OF PASSING	NAME OF THE SCHOOL & PLACE	DISTRICT IN WHICH STUDIED
01	IV			
02	V			
03	VI			
04	VII			
05	VIII			
06	IX			
07	X			

Study certificates from IV<sup>th</sup> to X<sup>th</sup> should be enclosed otherwise candidate will be treated as NON LOCAL

**17. EDUCATIONAL QUALIFICATION:**

**ACADEMIC MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

Qualifying Examination	Year of passing	Total Marks	Marks Obtained	% of Marks Obtained

**TECHNICAL MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

Qualifying Examination	Year of passing	Total Marks	Marks Obtained	% of Marks obtained

**18. EXPERIENCE IN GOVERNMENT MEDICAL INSTITUTIONS IF ANY:**

Sl. No.	Name of the Government Medical Institution/ Hospital	Experience		No. of completed 6 months
		From	To	

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

Name of the Applicant	
Name of the Father	
Name of the Spouse (if Married )	
House No	
Street/Village	
Mandal/District	
Pincode	
Mobile No.	
Email ID	

**DECLARATION**

I Sri/Kum/Smt.....S/O(or)D/O(or)W/O  
.....solemnly declare 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 to be incorrect or false at a later  
date, my appointment will be cancelled summarily.

Date::

Place::

SIGNATURE OF THE APPLICANT

**CERTIFICATE OF CONTRACTUAL/OUTSOURCING SERVICE**

(To be issued by the controlling officer concerned DM&HO/DCHS/ any other competent authority)

This is to certify that Sri. / Smt. \_\_\_\_\_

S/oD/o \_\_\_\_\_ has been working as \_\_\_\_\_

At \_\_\_\_\_ on contract/outsourcing basis with the financial concurrence of the Government. The details of his/ her services as on 01.12.2021

Name of the Institution	Tribal/ Rural/ Urban	Working period		Length of Services as on 01.12.2021 YY.MM.DD	No. of 06 months completed	Reasons for break in service if any	Whether there is financial concurrence for recruitment	Allegations / adverse remarks if any
		From	To					

Thereby declare that,

1. His/ her services during the contract/outsourcing period are satisfactory.
2. He/ She is appointed on contract basis through DSC/through outsourcing agency.
3. He/ She does not have any adverse remarks from his/ her superiors.
4. He/ She is eligible weightage under contract/outsourcing as per the rules.

Station:

Date:

SIGNATURE OF  
CONTROLLING OFFICER  
(DMHO / DCHS / ANY  
OTHER COMPETENT  
AUTHORITY