ANNEXURE-II

NATIONALHEALTHMISSIONEASTGODAVARIDISTRICT

RECRUITMENT FOR DR. Y.S.R. URABN HEALTH CLINICS (UPHC's)-2022

APPLICATIONFORTHEPOSTOF

(ONCONTRACTBASIS)

(Application should be downloaded and submitted in A4 size paper only) ~~ /~~~~ ... ---

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NotificationNo.06/2022.	Application No	. (for office use only)
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1)Na	ame of the app	licant					
(i	n BLOCK letters))					
2)Father's Name/Husband's							
Nan	ıe						
3)G	ender:	nder: 4)Date of birth:					
5)Re	eligion:	e	6)Social Statu	s:(SC/ST/B	C with group/OC	;)	
7)Re	7)Relaxation of age if any:						
8)W	hether belong	s to physically	handicapp	ed:			
(L	atest Certificate is	ssued by the Medi	ical board(SA	DAREM)onl	y to be enclosed)		
9)If I	pelongs to Ex-Se	rvice men, leng	th of service	in armed	forces		
(C	Certificate to that effe	ect to be enclosed)					
10)Details of Education qualifications from Class-IV to X Class 11)Local/Non Local							
Sl.N	Year of		Nome of the Cabeel stud		Cabool atu dio d		District
0	Class	passing	Name of the School studied				District
1	4 th Class						
2	5 th Class						
3	6 th Class						
4	7 th Class						
5	8 th Class						
6	9 th Class						
7	10 th Class						
11. Marks Obtained in Qualifying Examand Technical Qualifications							
Academic& Month & year Marks/Grade							

Academic& Technical qualifications	Month & year of passing	Max. marks/Grade Points	Marks/Grade Points obtained	% Marks / Grade points
SSC/10 th Class				
Intermediate				
Technical Qualification:				
12 Emperiance	•	•	•	

12. Experience:

AP MCI/APNMC/AP Para Medical Board	
Registration Number and valid up to	

13. Address of Communication along with Pin code:

Name	:	
House Number	:	
Village/Town	:	
District	:	
Phone/ Mobile No.	:	e-mail address:

DECLARATION

I do here by declare that all the above facts are true and correct .I further declare that, if the above particulars are found incorrect, I shall be liable for termination from service with immediate effect without assigning any notice

SIGNATUREOFTHECANDIDATE

VERIFICATIONCHECKLIST

ApplicationNo:

Name of the Applicant:

Name of the Post applied:

1	Copy of marks memo of SSC or equivalent certificate Verified.	YES	NO
2.	Copy of Intermediate Marks memo Verified.	YES	NO
3.	Copy of marks memos of Technical Qualification	YES	NO
4.	Copy of Apprentice completion certificate in case of Intermediate Vocational Verified.	YES	NO
5.	Copy of APMCI/APNMC/APPM Board registration Certificate Verified.	YES	NO
6.	Copy of latest Caste Certificate(incase of SC/ST/BC) Verified.	YES	NO
7.	Copy ofStudyCertificatesfromClass– IVtoXwherethecandidatestudiedVerified.	YES	NO
8.	Copy of latest Physically handicapped certificate SADAREM (if applicable) Verified	YES	NO
9.	Copy of certificates supporting Ex Service Man Quota (if applicable)Verified.	YES	NO
10	Copy of Certificate of Experience (If Service Persons) duly counter signed by the District authority)	YES	NO
11	All the above documents should be attested.	YES	NO
12	Signature of the application & check list.	YES	NO

Receiving Clerk.

Signature of the Candidate