HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT
OFFICE OF THE SUPERINTENDENT, GGH, NELLORE
NOTIFICATION NO. 02(A)/2022.

APPLICATION FORM

APPLICATION NO:
(TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST OF:
(TO BE FILLED BY THE APPLICANT)

(AFFIX LATEST PASSPORT SIZE COLOUR PHOTOGRAPH HERE)

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)	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. **APPLICATION PROCESSING FEE:** **Rs. 500/- (for OC) & Rs. 300/- (BC/SC/ST/PH) to be paid in favor of the A/c. 250301000915, IFSC – ICIC0002503, ICICI Bank, Vedayapalem Branch, Nellore.**

Receipt / Counter Foil No.	Amount	Mode of Payment (through Bank, Online / UPI Transactions)

12. DETAILS OF SCHOOL EDUCATION:

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

13. 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/ Pharmacy Council Regd. No. |
		Year	Max. Marks	Marks obtained	
		Total			

14. 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.