ANNEXURE-II

NATIONAL HEALTH MISSION ERSTWHILE EAST GODAVARI DISTRICT RECRUITMENT FOR DR. Y.S.R. URABN HEALTH CLINICS (UPHC's)-2022

APPLICATION FOR THE POST OF

(ON CONTRACT BASIS)

(Application should be downloaded and submitted in A4 size paper only)

| | cation No.02/2 | | cati | on No | (for office use or | aly) | |
|--|--|-------------------------|--|---------------------------------|-----------------------------------|------------------------------|--|
| l)Name of the applicant (in BLOCK letters) | | | | | | | |
| 2)Father's Name/Husband's Name | | | | | | | |
| 3)Gender: | | | 4)Date of birth: | | | | |
| 5)Religion: | | | 6)Social Status:(SC/ST/BC with group/OC) | | | | |
| 7)Re | elaxation of age | e if any: | | | | | |
| • | hether belong atest Certificate is | | | ndicapped: board(SADAREM)onl | y to be enclosed) | | |
| | oelongs to Ex-Se Certificate to that effe | | | of service in armed f | orces | | |
| 10)I | Details of Educa | ation qualifica | tion | s from Class-IV to | X Class 11)Lo | cal/Non Local | |
| Sl.N o | Class | Year of passing | Name of the School studied | | District | | |
| 1 | 4 th Class | | | | | | |
| 2 | 5 th Class | | | | | | |
| 3 | 6thClass | | | | | | |
| 4 | 7 th Class | | | | | | |
| 5 | 8 th Class | | | | | | |
| 6 | 9 th Class | | | | | | |
| 7 | 10 th Class | | | | | | |
| 11. N | Marks Obtained in | Qualifying Exa | mano | d Technical Qualifica | tions | | |
| | Academic& Technical Jualifications | Month & ye of passin | | Max. marks/Grade Points | Marks/Grade Points obtained | % Marks / Grade points | |
| | /10 th Class | | | | | | |
| | rmediate | | | | | | |
| | nical Qualification | ı: | | | | | |
| | xperience: | D Dava Madia | -1 D | | | | |
| | MCI/APNMC/A istration Numb | | | | | | |
| 13. A | ddress of Comi Name House Number | | | | | | |
| 7 | /illage/Town | : | | | | | |

DECLARATION

District

Phone/ Mobile No.

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

e-mail address:

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 | | 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. | | NO |
| 6. | Copy of latest Caste Certificate(incase of SC/ST/BC) Verified. | YES | NO |
| 7. | Copy of Study Certificates from Class— IV to X where the candidates tudied Verified. | 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. | | NO |

Receiving Clerk.

Signature of the Candidate