

APPLICATON FORM

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, KURNOOL

Recruitment Notification under NUHM

(FOR FILLING UP OF THE POST OF STAFF NURSE, LAB TECHNICIAN GR II, PHARMACIST GR-II ON CONTRACT BASIS AND LAST GRADE SERVICE ON OUTSOURCING BASIS THROUGH APCOS TO WORK IN UPHCs of KURNOOL AND NANDYAL DISTRICT THROUGH WALK IN INTERVIEW)

NOTIFICATION NO .04/UPHCs/NUHM/2022

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST OF:

1.	Name of the candidate:		Paste Photograph here and sign across it
2.a	Name of the Father		
2.b	Name of the Spouse (If Married)		
3.	Gender		
4.	Date of Birth, Age		
5.	Social Status (OC/SC/ST/ BC-A,B,C,D,E)		
6.	Local Status (Local/Non Local) as per study from 4 <sup>th</sup> to 10 <sup>th</sup> Class.		
7.	Whether Physically handicapped Specify details. (VH / HH / OH)		
8.	Whether Sports if any details:		
9	Name of the requisite qualification the applicant passed (Name of the Course)		
9 a)	Date of Completion of above requisite Qualification		
9 b)	Respective Council Registration No. & Date		
10	Whether Ex Service man / woman	Yes / No.	
11	Whether belongs to Economically weaker section category (2022-23)	Yes / No.	
12	Mobile Number of the candidate		
13	Application fee receipt Date and Amount		

**14. DETAILS OF SCHOOL EDUCATION:**

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

**15. QUALIFICATION EXAM MARKS:**

Qualifying Examination	Total Marks (Max Marks)	Marks Obtained	% of Marks

**16. Whether Claiming Contract / Outsourcing / Covid Service Weightage: (YES / NO)**

- NOTE:-** 1. If yes, submit service certificate duly counter signature by the competent authority i.e., DM&HO, DCHS/Principal/Any other competent authority without any corrections / over writing.
2. Copy of appointment order.
3. For awarding Service weightage, the service rendered in the same post only will be considered.

**17. Service details of the candidate:**

Name of the post	Name of the institution	Tribal / Rural/ Urban/ COVID	Working Period		Length of service as on 03.01.2023 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					

**ADDRESS OF THE CANDIDATE:**

**SIGNATURE OF THE APPLICANT**

**DECLARATION**

I, SMT/ KUM /SRI .....D/O/S/O  
 ..... CERTIFY THAT ABOVE PARTICULARS FURNISHED BY ME ARE CORRECT TO THE BEST OF MY KNOWLEDGE. 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 CANDIDATURE WILL BE CANCELLED SUMMARILY.

**NAME & SIGNATURE OF THE CANDIDATE**