

**GOVERNMENT OF ANDHRA PRADESH**  
**HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT**  
**(Notification No.05/KNL/2022, dt.06.01.2023)**

(Combined Recruitment to various vacant posts under the control of the DCHS, Kurnool & Nandyal Districts/ DM&HO, Kurnool & Nandyal Districts / Principal, Kurnool Medical College, Kurnool / Superintendent, Regional Eye Hospital, Kurnool / Superintendent, Government General Hospital, Kurnool & Nandyal / Government Medical College, Nandyal on Contract/Outsourcing basis)

|  |   |
|--|---|
| <p>Application for the Post of : _____</p> <p>Application No. (to be filled by the office) : _____</p> | <p>Affix Passport<br/>size latest<br/>colour<br/>photograph</p> |
|--|---|

|    |  |          |       |         |
|----|--|----------|-------|---------|
| 1  | Name of the Candidate  |          |       |         |
| 2  | Gender   |          |       |         |
| 3  | Father's Name  |          |       |         |
| 4  | Date of Birth (DD-MM-YYYY)   |          |       |         |
| 5  | Social Status<br>(OC/OC-EWS/SC/ST/BC-A,B,C,D,E)  |          |       |         |
| 6  | Whether claiming for service weightage for Contract / Outsourcing service (enclose contract / outsourcing service certificate) | Yes / No |       |         |
| 7  | Whether Physically Handicapped (VH/HH/OH)<br>(SADAREM Certificate to be closed)  |          |       |         |
| 8  | Whether Ex-Servicemen (enclose Service Certificate)  | Yes / No |       |         |
| 9  | <b>Mobile Number</b> of the applicant  |          |       |         |
| 10 | DD particulars   | DD.No.   | Date: | Amount: |
| 11 | <u>Address for communication:</u>  |          |       |         |
| 12 | <u>Emai Id :</u>   |          |       |         |

Marks obtained in the requisite Academic / Professional / Technical qualification

| Qualification | Maximum Marks | Marks obtained | Year of passing (Month & Year) | Whether registered in respective council (Yes/No) |
|---------------|---------------|----------------|--------------------------------|---|
|               |               |                |                                |   |
|               |               |                |                                |   |
|               |               |                |                                |   |

Details of Contract/Outsourcing/Honorarium service as on.06.08.2022.

| Sl. No | Name of the Institution | Contract / Outsourcing | Urban / Rural / Tribal / Covid-19 | Period of service |    | Total period YY-MM-DD | Service certificate enclosed (Yes/No) |
|--------|-------------------------|------------------------|-----------------------------------|-------------------|----|-----------------------|---------------------------------------|
|        |                         |                        |                                   | From              | To |                       |                                       |
|        |                         |                        |                                   |                   |    |                       |                                       |
|        |                         |                        |                                   |                   |    |                       |                                       |
|        |                         |                        |                                   |                   |    |                       |                                       |

Details of School studies from 4<sup>th</sup>Class to 10<sup>th</sup>Class (for local status)

| Sl. No | Class | Year of passing | Name of the School | Town and District |
|--------|-------|-----------------|--------------------|-------------------|
| 1      | IV    |                 |                    |                   |
| 2      | V     |                 |                    |                   |
| 3      | VI    |                 |                    |                   |
| 4      | VII   |                 |                    |                   |
| 5      | VIII  |                 |                    |                   |
| 6      | IX    |                 |                    |                   |
| 7      | X     |                 |                    |                   |

**DECLARATION**

I, Smt/Kum/Sri.....D/o or S/o or W/o ..... do hereby declare that, above particulars furnished by me are true to the best of my knowledge. I agree that in the event of any of the details furnished above being found to be incorrect or false at a later date, my candidature will be forfeited summarily.

Signature of the applicant