

GOVERNMENT OF ANDHRA PRADESH
HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT
OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, KURNOOL.

(Notification No.2/SNCU-NRC-NBSU-DEIC/KNL/2023, dt.16.05.2023)

RECRUITMENT TO VARIOUS VACANT POSTS IN SNCU, NRC, NBSU AND DEIC IN THE INSTITUTIONS UNDER THE CONTROL OF THE SUPERINTENDENT, GGH, KURNOOL/NANDYAL AND THE DCHS, KURNOOL/NANDYAL ON CONTRACT BASIS THROUGH WALK-IN-INTERVIEW.

Application for the Post of : _____ Application No.(to be filled by the office) : _____	Affix Passport size latest colour photograph
--	---

1	Name of the Candidate	
2	Gender	
3	Father's Name	
4	Date of Birth(DD-MM-YYYY) Age as on 01.07.2022	
5	Social Status (OC/SC/ST/BC-A/B/C/D/E) (enclose copy of latest Caste Certificate)	
6	Whether claiming for service weightage for Contract / Outsourcing service (enclose copy of Contract / Outsourcing Service Certificate)	Yes / No
7	Whether Physically Handicapped (VH/HH/OH) (SADAREM Certificate to be closed)	
8	Whether claiming EWS reservation (copy of the certificate to be enclosed)	Yes / No
9	Whether Ex-Servicemen (enclose copy of Service Certificate)	Yes / No
10	Details of Fee remitted to the Bank Account of the DM&HO, Kurnool (Amount remitted, mode of payment etc.)	
11	Mobile Number of the applicant	
12	<u>Email Id</u> :	
13	<u>Address for communication</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

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 4th Class to 10th 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

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, KURNOOL

Notification No.2/SNCU-NRC-NBSU-DEIC/KNL/2023, dt.16.05.2023

CHECK LIST FOR THE POST OF _____

DOCUMENTS TO BE ENCLOSED TO THE APPLICATION FORM IN DUPLICATE (2 COPIES)

(TO BE FILLED BY THE OFFICE STAFF ONLY)

Name of the Applicant:

S.No.	Name of the document	Enclosed with Application Form	
		Yes	No
1	Copy of SSC marks memo or equivalent certificate.		
2	Copy of eligible qualification marks memo.		
3	Copy of 01 Year Clinical Training / Apprenticeship certificate if studied Intermediate Vocational MLT		
4	Copy of respective Council Registration Certificate		
5	Copy of latest Caste Certificate (in case of SC/ST/BC)		
6	Copies of Study Certificates from Class - IV to X		
7	Copy of latest Visually / Hearing / Physically Handicapped Certificate (if applicable).		
8	Copy of certificate supporting Ex-Servicemen Quota (If Applicable).		
9	Copy of Sports Certificate (if applicable).		
10	Copy of Economically Weaker section Certificate valid for 2023-2024 issued by the Tahsildar (if applicable).		
11	Copy of Contract / Outsourcing / COVID-19 Service Certificate (if applicable) duly countersign by the competent authority.		
12	Appointment order for Contract / Outsourcing / COVID-19 Service		

Signature of the Applicant

Name:

Mobile No. :