

**GOVERNMENT OF ANDHRA PRADESH**

**DISTRICT MEDICAL AND HEALTH OFFICER : PALNADU DISTRICT.**

**Recruitment of Certain Posts (Noted in the Annexure)**

**On Contract Basis Under NHM, Palnadu District.**

**APPLICATION FORM**

**REGISTRATION No :**

**(TO BE FILLED BY THE OFFICE)**

**POST FOR WHICH APPLICATION MADE :**

1	Name of the Candidate								
2.a	Father' Name								
2.b	Mother's Name								
2.c	Name of Husband / wife (if married)								
3.	Sex								
4.	Date of Birth								
5.	Social Status (Please Tick)	OC	BC A	BC B	BC C	BC D	BC E	SC	ST
6.	Whether Physically handicapped (please tick)	YES / NO							
6.(a)	If yes please mention category (please tick)	HH / OH/ VH							
7	Whether Ex Serviceman / Woman	YES / NO							

**DETAILS OF SCHOOL EDUCATION :**

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

- STUDY CERTIFICATES FROM IVTH TO XTH SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON LOCAL.
- EDUCATIONAL QUALIFICATION :

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

Qualifying Examination	Total Marks	Marks obtained	% of Marks obtained

**Experience / Training**

2 years Experience in Public Health/ Hospitals Administration	Govt / Private Yes / No
NABH	Yes / No
ISO	Yes / No
9001.2015	Yes / No
Six Sigma / Lean	Yes / No

**ADDRESS PARTICULARS** :

Name :

Father Name :

Husband Name :

House No :

Street :

Village / Town :

District :

Pin :

Cell No / Ph No :

**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 false at a later date my candidate will be cancelled summarily.

NAME AND SIGNATURE OF THE  
CANDIDATE