

**RECRUITMENT OF STAFF TO WORK AT RTPCR LABS IN DISTRICT HOSPITAL,
RAJAMAHENDRAVARAM AND AREA HOSPITAL, AMALAPURAM ON CONTRACT BASIS.**

APPLICATION FORM

**REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)**

**POST FOR WHICH APPLCATION
MADE:**

1.	Name of the candidate								Photo
2.a	Name of the Father								
2.b	Name of husband/wife(if married)								
3.	Sex								
4.	Date of Birth								
5	E-Mail Address								
6	Socail Status(Please tick)	OC	BC A	BC B	BC c	BC D	BC E	SC	ST
7	Whether Physically handicapped (Please tick)	YES / NO							
7.(a)	If yes please mention category (Please tick)	HH / OH / VH							
8.	Whether Ex Service man /Woman	YES / NO							

9. DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	NAME OF THE SCHOOL	NAME OF THE DISTRICT
IV			
V			
VI			
VII			
VIII			
IX			
X			

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

11. 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

CONTRACT/OUT SOURCING/COVID SERVICE PERIOD IF ANY:

Sl. No.	Name of the Institution	Period of Working		Total Period
		from	to	

ADDRESS PARTICULARS:

Name :

Father Name/:

Husband Name :

House No :

Street :

Village/Town :

District :

Pin :

Cell No /Ph.No :1)

2)

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 candidate will be cancelled summarily.

SIGNATURE OF THE CANDIDATE.