

GOVERNMENT OF ANDHRA PRADESH  
DISTRICT MEDICAL & HEALTH OFFICE:: KADAPA, YSR DISTRICT.  
NOTIFICATION NO. 01/2022.  
**APPLICATION FORM**

AFFIX PHOTOGRAPH  
HERE

APPLICATION NO:   
(TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST OF:

1.	Name of the candidate:		
2.a	Father's / Husband's Name		
b	Name of the Spouse (If Married)		
3.	Gender (Male/Female)		
4.	Date of Birth		
5.	Social Status (OC/SC/ST/ BC-A,B,C,D,E) / EWS		
6.	Status (Local/Non Local)		
7.	Whether belongs to PH category, If yes, Specify details. (VH / HH / OH)	Yes / No	
8.	Whether belongs sports category, if yes(details of Sports)		
9.	Whether belongs to Ex Service man/woman		
10	Whether working on Contract / Out Sourcing Basis in Medical and Health Dept. (for the candidates applying to the post of MO / DAS / Staff Nurse and LT only). (If yes enclose Service Certificate from the Concerned Authority)		Number of years of Service working in government institution ( M & H)
10-A	Mention the Experience particulars (Experience certificate to be enclosed)		

11. APPLICATION PROCESSING FEE: Rs. 300/- to be paid in favor of the A/c.  
067401001328, IFSC - ICIC0000674

Receipt / Counter Foil No.	Amount	Mode of Payment (through Bank, Online / UPI Transactions)

(Contd., P/2)

**12. DETAILS OF SCHOOL EDUCATION :**

Class	Year of Passing	Name of the School & Place	District
IV			
V			
VI			
VII			
VIII			
IX			
X			

**MARKS OBTAINED IN THE REQUISITE QUALIFICATION :**

Name of the Requisite Qualification for the post applied	Name of the College & University	Marks obtained			A.P. Medical / Nursing Council / AP Para Medical Board Regd. No.
		Year	Max. Marks	Marks obtained	
		Total			

**14. ADDRESS FOR COMMUNICATION ALONG WITH MOBILE NUMBER :**

NAME	:	
Father's / Husband's Name	:	
Present Residential Address	:	
E-mail ID	:	
Mobile No.	:	
AADHAR No.	:	

**DECLARATION**

I \_\_\_\_\_ S/o. / D/o. \_\_\_\_\_ Declared that the particulars given above are correct to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnished in my application being found incorrect or false at a later date my appointment will be cancelled summarily.

Date: -01-2022.

SIGNATURE OF THE APPLICANT.