

APPLICATION FORM

(3rd Notification)

**(for the post of Specialist Doctor on contract basis under
NHM, to be filled up through Walk-in-Interview, to
conduct specialist clinics in the PHCs and UPHCs of
Kurnool District)**

Affix latest
passport size
photo

APPLICATION FOR THE POST OF : _____

1	Name of the candidate	
2	Date of Birth ; Age as on 01.07.2021	
3	Social Status (OC/SC/ST/ BC-A,B,C,D,E)	
4	Whether belongs to Physically Handicapped? (If Yes, the latest Certificate issued by the Medical Board to be enclosed)	Yes / No
5	Whether belongs to Ex-service men? (If Yes, necessary Certificate to be enclosed)	Yes / No
6	Mobile Number of the candidate	
7	Email address of the candidate	
8	Demand Draft / Banker Cheque Number , Date and Amount	

9. DETAILS OF SCHOOL EDUCATION:

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

10. PG Course details :

Name of the PG Course completed	Total Marks (Max Marks)	Mark Obtained	% of Marks Obtained

11. Experience (mention the Places where worked in Government sector with dates) (Service Certificate to be enclosed) :

12. RESIDENTIAL ADDRESS :

DECLARATION

I hereby certify that, the 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 candidature will be cancelled summarily.

SIGNATURE OF THE APPLICANT