

GOVERNMENT OF ANDHRA PRADESH
HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT
(Notification No.01/KNL/2022, dt.07.08.2022)

Combined Recruitment to various vacant posts under the control of the DCHS, Kurnool & Nandyal Districts/ DM&HO, Kurnool & Nandyal Districts / Principal, Kurnool Medical College, Kurnool / Superintendent, Regional Eye Hospital, Kurnool / Superintendent, Government General Hospital, Kurnool on Contract/Outsourcing basis

Application for the Post of : _____ Application No.(to be filled by the office) : _____	Affix Passport size latest colour photograph
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1	Name of the Candidate			
2	Gender			
3	Father's Name			
4	Date of Birth (DD-MM-YYYY)			
5	Social Status (OC/OC-EWS/SC/ST/BC-A,B,C,D,E)			
6	Whether claiming for service weightage for Contract / Outsourcing service (enclose 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 enclosed)	Yes / No		
9	Whether Ex-Servicemen (enclose Service Certificate)	Yes / No		
10	Mobile Number of the applicant			
11	DD particulars	DD.No.	Date:	Amount:
12	<u>Address for communication:</u>			
13	<u>Emai Id :</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 as on.06.08.2022.

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 4thClass to 10thClass (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

CHECK LIST - ACKNOWLEDGEMENT

(The Check list should be submitted in 02 (TWO) Copies one copy will be returned to the applicant as a Acknowledgement)

Name of the Candidate	
Application No. (will be allotted by the Office at the time of submission of Application)	
Post Applied for	
Demand Draft Number	
Mobile Number	

The Candidate should enclose self attested documents/Certificates in the following order:-

Sl No	Name of the Document	Enclosed (YES/NO)
1	Filled prescribed application form	
2	S.S.C or its Equivalent for date of birth	
3	Proof of appearance for the qualifying examination wherever applicable	
4	Qualifying Examination Pass Certificates	
5	Marks memos of all years of (qualifying examination) or its equivalents	
6	Valid Certificate of Registration in AP Paramedical Board/Allied Health Care Sciences/Any other council constituted under the relevant rules for specific courses wherever applicable	
7	Clinical training Certificate if applicable.	
8	Copy of valid caste certificate	
9	Latest EWS certificate issued by the Tahsildar concerned	
10	Study certificate for the years from IV class to X Class. In case of Private study candidates, the residence certificate issued by the Tahsildar concerned for 04 to 07 years prior to SSC and its equivalent.	
11	The service certificate should be submitted in the prescribed proforma.	
12	Certificate of disability issued in SADAREM	
13	Any other certificates as relevant and applicable	

Signature of the candidate

Acknowledgement (for Office use only)

Application is received from the applicant along with the above mentioned documents / enclosures on .08.2022.

Office Seal & Signature of
the employee who received
the Application