

APPLIATION FORM FOR RECRUIMTNET OF  
SPECIALIST DOCTORS & MOs IN TELEMEDCIINE HUBS

GOVERNMENT OF ANDHRA PRADESH  
MEDICAL & HEALTH DEPARTMENT  
GUNTUR DISTRICT,

APPLICATION FOR THE POST OF	
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PERSONAL DETAILS:

1	Full Name (Capital Letters)	
2	Gender	
3	Date of Birth	
4	Father/Mother Name	
5	Social Status	OC/SC/ST/BC-A/BC-B/BC-C/BC-D/BC-E
6	Whether Physically Handicapped	YES / NO
7	Ex-Service Man	YES / NO
8	Sports	YES / NO
9	Aadhar Number	
10	Mobile Number	1.                      2.
11	e-mail addresses	
12	Full Postal Address for Communication	
13	Bank Remittance Id No with date :	-----

DETAILS OF SCHOOL EDUCATION:

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

EDUCATIONAL QUALIFICATIONS:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/UNIVERSITY

**DETAILS OF MARKS OBTAINED**

Name of the Course	Maximum Marks /Grade	Marks obtained /Grade obtained	Percentage

**WORK EXPERIENCE DETAILS:**

Sl. No	Name of the organization	Type of Organization (Govt., / Private / NGO)	Position held	Period of works (from...to..)

**DETAILS ENCLOSURES:**

S.No	Copy of certificate	Enclosed (Yes/No)
1	SSC /X	
2	Intermediate / 10+2	
3	Degree certificate	
4	Degree Marks memos	
5	PG Certificate	
6	PG Marks memos	
7	Caste Certificate (If applicable)	
8	Council / Para Medical Registration / Renewal Certificate	
9	4 <sup>th</sup> to 10 <sup>th</sup> Class Study Certificates If Private submit Residence Certificate from Thasildar for 7 years	
10	Experience certificates from employer	
11	Physically Handicapped Certificate	

**Signature of the Candidate**