# **APLICATION TO THE POST OF MEDICA OFFICERS IN UPHCs**

#### GOVERNMENT OF ANDHRA PRADESH MEDICAL & HEALTH DEPARTMENT GUNTUR DISTRICT, ANDHRA PRADESH

		APPLICATION FOR THE POST OF	£	Medical Officer (MBBS)	
PERSONAL DETAILS:					
1	Full I	Name (Capital Letters)			
2	Gend	er			
3	Date	of Birth			
4	Fathe	er/Mother Name			
5	Socia	l Status	00	C,BC (A-B-C-D-E) SC,ST	
6		her Physically licapped	YE	CS / NO	
7	Ex-Se	ervice Man		YES / NO	
8	Sport	CS		YES / NO	
9	Aadh	ar Number			
10	Mobi	le Number		1. 2.	
11	e-ma	il addresses			
12		Postal Address for nunication			
13	Bank date	Remittance Id No with			

# **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	
MBBS			

### DETAILS OF MARKS OBTAINED

Course Ma	Iaximum rks /Grade	obtained/Grade obtained	Percentage

### WORK EXPERIENCE DETAILS:

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

# **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