#### NATIONAL HEALTH MISSION ERSTWHILE EAST GODAVARI DISTRICT

### RECRUITMENT FOR VARIOUS CATEGORIES POSTS UNDER NHM-2023

### APPLICATION FOR THE POST OF

(ON CONTRACT BASIS)

(Application should be downloaded and submitted in A4 size paper only)

Notification No.04/2023	Application No	( for office use only	7)
-------------------------	----------------	-----------------------	----

1)Nan	ne of the app	licant						
(in BLOCK letters)								
2)Fath	ner's Name/H	lusban	d's Nan	ne				
3)Ger	nder:				ate of			
5)Reli	gion:			6) <b>S</b> c	ocial St	atus:(SC/ST	/BC with group/OC)	
7)Rela	axation of ag	e if any	:					
8)Wh	ether belong	s to ph	ysically	handic	apped	l:		
	est Certificate i							
-	elongs to Ex-			ength c	of servi	ce in arme	d forces	
	tificate to that effe			· ·	C1-	IV 4- V C	1117	1 /NT T1
םענטו	tails of Educ			ions ire	om Cia	ss-IV to X C	lass 11)Loca	l/Non Local
Sl.No	Class		ar of ssing		Name of the School studied			District
l	4thClass							
2	5 <sup>th</sup> Class							
3	6 <sup>th</sup> Class							
4	7 <sup>th</sup> Class							
5	8thClass							
6	9 <sup>th</sup> Class							
7	10 <sup>th</sup> Class							
11) M	larks Obtaine	ed in Q	ualifyin	g Exam	and T	echnical Q	ualifications	
Academic&		Month & Year of Passing		Max. marks/Grade Points		Marks / Grade Points obtained	% of Marks / Grade points	
Technical qualifications								
SSC/10 <sup>th</sup> Class								
	Intermediate							
Technical Qualification/								
Graduation:								
	perience:							
	CI/APNMC/A				L			

AP MCI/APNMC/AP Para Medical Board	
Registration Number and valid up to	

13. Address of Communication along with Pin code:

Name

**House Number** Village/Town District

Phone/ Mobile No. e-mail address:

### **DECLARATION**

I do here by declare that all the above facts are true and correct .I further declare that, if the above particulars are found incorrect, I shall be liable for termination from service with immediate effect without assigning any notice

## **VERIFICATION CHECKLIST**

App	lica	tion	N	o	:
-----	------	------	---	---	---

# Name of the Applicant:

# Name of the Post applied:

1	Copy of marks memo of SSC or equivalent certificate Verified.	YES	NO
2.	Copy of Intermediate Marks memo Verified.	YES	NO
3.	Copy of marks memos of Technical Qualification	YES	NO
4.	Copy of Apprentice completion certificate in case of Intermediate Vocational Verified.	YES	NO
5.	Copy of APMCI/APNMC/APPM Board registration Certificate Verified.	YES	NO
6.	Copy of latest Caste Certificate(incase of SC/ST/BC) Verified.	YES	NO
7.	Copy of Study Certificates from Class—  IV to X where the candidates tudied Verified.	YES	NO
8.	Copy of latest Physically handicapped certificate SADAREM (if applicable) Verified	YES	NO
9.	Copy of certificates supporting Ex Service Man Quota (if applicable)Verified.	YES	NO
10	Copy of Certificate of Experience (If Service Persons) duly counter signed by the District authority)	YES	NO
11	All the above documents should be attested.	YES	NO
12	Signature of the application & check list.	YES	NO

Receiving Clerk.

Signature of the Candidate