### **ANNEXURE-II**

#### NATIONAL HEALTH MISSION ERSTWHILE EAST GODAVARI DISTRICT

#### LIMITED -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.01 /2023

Application No..... (for office use only)

1)Name of the applicant					
(in BLOCK letters)					
2)Fath	ner's Name/H	Iusband's Name			
3)Gender:			4)Date of birth:		
5)Religion:			6)Social Status:(SC/ST/BC with group/OC)		
7)Rela	7)Relaxation of age if any:				
8)Whether belongs to physically handicapped:					
(Lat	est Certificate i	ssued by the Medica	l board (SADAREM) only to be enclosed)		
9)If belongs to Ex-Service men, length of service in armed forces					
<b>\</b>	(Certificate to that effect to be enclosed)				
10)Details of Education qualifications from Class-IV to X Class 11)Local/Non Local					
Sl.No	Class	Year of	Name of the School studied	District	
51.110		passing			
1	4 <sup>th</sup> Class				
2	5 <sup>th</sup> Class				
3	6 <sup>th</sup> Class				
4	7 <sup>th</sup> Class				
5	8 <sup>th</sup> Class				
6	9 <sup>th</sup> Class				
7	10 <sup>th</sup> Class				

#### 11) Marks Obtained in Qualifying Exam and Technical Qualifications

Academic& Technical qualifications	Month & Year of Passing	Max. marks/Grade Points	Marks / Grade Points obtained	% of Marks / Grade points
SSC/10 <sup>th</sup> Class				
Intermediate				
Technical Qualification/				
Graduation:				
12 Europrion gou				

12. Experience:

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

#### VERIFICATIONCHECKLIST

# ApplicationNo:

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.		NO
3.	Copy of marks memos of Technical Qualification		NO
4.	Copy of Apprentice completion certificate in case of Intermediate Vocational Verified.		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 ofStudyCertificatesfromClass– IVtoXwherethecandidatestudiedVerified.	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