

APPLICATON FORM

OFFICE OF THE ADDL.DME / SUPERINTENDENT, GOVT. GENERAL HOSPITAL, KURNOOL

**(RECRUITMENT TO THE VACANT POSTS OF PSYCHIATRIST / MBBS DOCTOR,
WARD BOY AND COUNSELORS, ON CONTRACT BASIS, IN ALCOHOL AND
DRUG DE-ADDICTION CENTRE ESTABLISHED IN GOVT. GENERAL
HOSPITAL, KURNOOL, THROUGH WALK-IN-INTERVIEW)**

NOTIFICATION NO. 01/GGH-KNL/2024

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST OF:

| | | | |
|-------|--|---|--|
| 1. | Name of the candidate: | | Paste Photograph here and sign across it |
| 2.a | Name of the Father | | |
| 2.b | Name of the Spouse (If Married) | | |
| 3. | Gender | | |
| 4. | Date of Birth, Age | | |
| 5. | Social Status (OC/SC/ST/ BC-A,B,C,D,E) | | |
| 6. | Status (Local/Non Local) as per study from 4 th to 10 th Class. | | |
| 7. | Whether Physically handicapped Specify details. (VH / HH / OH) | | |
| 8. | Whether Sports if any details: | | |
| 9 | Name of the requisite qualification the applicant passed (Name of the Course) | | |
| 9 (a) | Year of passing of above requisite Qualification | | |
| 9 (b) | Respective Council Registration No. & Date | | |
| 9 (c) | Name of the Registration council | | |
| 10 | Whether Ex Service man / woman | Yes / No. | |
| 11 | Whether belongs to Economically weaker section category | Yes / No. If Yes, specify the valid year | |
| 12 | Mobile Number of the candidate | | |
| 13 | Whether Demand Draft enclosed | Yes / No | |

14. DETAILS OF SCHOOL EDUCATION:

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

15. QUALIFICATION EXAM MARKS:

| Qualifying Examination | Total Marks (Max Marks) | Marks Obtained |
|------------------------|-------------------------|----------------|
| | | |

16. Whether Claiming Contract / Outsourcing / Covid Service Weightage: (YES / NO)

NOTE:- 1. If yes, submit service certificate duly counter signature by the competent authority i.e., DM&HO, DCHS/Principal/Any other competent authority without any corrections / over Writing along with appointment

2. For awarding Service weightage, only same service will accepted.

17. Service details of the candidate:

| Name of the post | Name of the institution | Tribal / Rural/ Urban/ COVID | Working Period | | Length of service as on 13.03.2024 YY.MM.DD | No. of 06 months completed | Reasons For break in service if any | Whether there is financial concurrence for recruitment | Allegations / Adverse remarks if any |
|------------------|-------------------------|------------------------------|----------------|----|---|----------------------------|-------------------------------------|--|--------------------------------------|
| | | | From | To | | | | | |
| | | | | | | | | | |

ADDRESS OF THE CANDIDATE:

SIGNATURE OF THE APPLICANT

DECLARATION

I, SMT/ KUM /SRI.....
D/O/S/O CERTIFY THAT ABOVE PARTICULARS FURNISHED BY ME ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE THAT IN THE EVENT OF ANY OF THE PARTICULARS FURNISHED IN MY APPLICATION BEING FOUND TO BE INCORRECT OR FALSE AT A LATER DATE MY CANDIDATURE WILL BE CANCELLED SUMMARILY.

NAME & SIGNATURE OF THE CANDIDATE