

GOVERNMENT OF ANDHRA PRADESH
DISTRICT MEDICAL & HEALTH OFFICER: KADAPA, YSR DISTRICT.
NOTIFICATION NO. 08/ 2020.

APPLICATION FORM
(For the Post of Para Medical Ophthalmic Assistant
on Outsourcing Basis)

AFFIX PHOTOGRAPH
HERE

APPLICATION NO:
(TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST OF:

1.	Name of the candidate:	
2.a	Name of the Father	
2.b	Name of the Spouse (If Married)	
3.	Gender	
4.	Date of Birth	
5.	Social Status (OC/SC/ST/ BC-A,B,C,D,E)	
6.	Status (Local/Non Local)	
7.	Whether Physically handicapped Specify details. (VH / HH / OH)	
8.	Whether Sports if any details:	
9.	Whether Ex Service man/woman	YES / NO

10. **APPLICATION FEE:** To the A/c. **067401001328**, IFSC - **ICIC0000674**

Receipt / Counter Foil No.	Amount	Mode of Payment (through Bank, Online / UPI Transactions)

(Contd., P/2)

11. DETAILS OF SCHOOL EDUCATION:

Class	Year of Passing	School & Place	District
IV			
V			
VI			
VII			
VIII			
IX			
X			

12. MARKS OBTAINED IN THE REQUISITE QUALIFICATION FOR THE POST OF PARA MEDICAL OPHTHALMIC ASSISTANT

Requisite Academic qualification & Technical Qualification	Name of the College & University	Marks obtained			Para Medical Board Regd. No.
		Year	Max. Marks	Marks obtained	
		Total			

13. ADDRESS FOR COMMUNICATION ALONG WITH MOBILE NUMBER :

NAME	:	
Father's / Husband's Name	:	
Present Residential Address	:	
E-mail ID	:	
Mobile No.	:	

DECLARATION

I _____ S/o. / D/o. _____ certified that the particulars given above are correct to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnish in my application being found to be incorrect or false at a later date my appointment will be cancelled summarily.

SIGNATURE OF THE APPLICANT.