

**GOVERNMENT OF ANDHRA PRADESH
RECRUITMENT OF STAFF NURSES ON CONTRACT BASIS IN APVVP
HOSPITALS:SRIKAKULAM DISTRICT**

APPLICATION FORM

REGISTRATIN NO:
(TO BE FILLED BY THE OFFICE)

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POST FOR WHICH APPLICATION MADE

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1	Name of the Candidate		Paste photograph here and sign across it																			
2a	Name of the father																					
2b	Name of the Mother																					
2c	Name of Husband / wife (if married)																					
3	Sex																					
4	Date of Birth and age																					
5	Social status (Please tick)	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;">OC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">ST</td> </tr> <tr> <td></td> <td style="padding: 2px;">A</td> <td style="padding: 2px;">B</td> <td style="padding: 2px;">C</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;">E</td> <td></td> <td></td> </tr> </table>					OC	BC	BC	BC	BC	BC	SC	ST		A	B	C	D	E		
OC	BC	BC	BC	BC	BC	SC	ST															
	A	B	C	D	E																	
6	Whether Physically handicapped (Please tick)	Yes / NO																				
6(a)	If yes please mention category (please tick)	HH / OH / VH																				
7	Whether Ex-Service man / Women	Yes / No																				

DETAILS OF SCHOOL EDUCATION:

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

STUDY CERTIFICATES FROM IVth TO Xth SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON-LOCAL

EDUCATIONAL QUALIFICATIONS:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

Qualifying Examination	Total Marks	Marks Obtained	% of Marks obtained

ADDRESS PARTICULARS:

Name :

Father Name :

Husband Name :

House No. :

Street :

Village / Town :

District :

Pin :

Cell No. / Phone No. :

DECLARATION

I, Smt / Sri / Kum D/o / S/o / W/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 and Signature of the
candidate