

GOVERNMENT OF ANDHRA PRADESH

**RECRUITMENT OF PMOAs ON OUTSOURCING BASIS UNDER Y.S.R.KANTIVELUGU
PROGRAMME
APPLICATION FORM**

**REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)**

POST FOR WHICH APPLCATION MADE:

| | | | | | | | | | |
|-------|--|--------------|---------|---------|---------|---------|---------|----|----|
| 1. | Name of the candidate | | | | | | | | |
| 2.a | Father's Name | | | | | | | | |
| 2.b | Mother's Name | | | | | | | | |
| 2.c | Name of husband/wife(if married) | | | | | | | | |
| 3. | Sex | | | | | | | | |
| 4. | Date of Birth | | | | | | | | |
| 5 | SOCAIL STATUS(PLEASE TICK) | OC | BC A | BC B | BC c | BC D | BC E | SC | ST |
| | | | | | | | | | |
| 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 /Woman | 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 QUALIFICATION:

| 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 /Ph.No :

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 candidate will be cancelled summarily.

NAME AND SIGNATURE
OF THE CANDIDATE