APPLICATION FOR THE POST OF Psychiatrist, Physician/Medical Officer, Staff Nurse IN NMHP, NPPC and NPCDCS DISTRICT PEDDAPALLY

	APPLICATION	I FORM	Date:	/ /2021.
Recent Passport size Photo				
Name of the Post Applied	:			
Name of the Applicant	:			
Name of the D/o/ S/o/ W/o	:			
Date of Birth	:	Age:		
Religion	:			
Social Status	: Caste :	Sub Caste:		
If Physical Handicapped(Y/	′N):			

DETAILS OF QUALIFICATIONS:

S.No	Class / IPE	Year of Passing	Name of School/College & Pass	District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	Х			
8	INTER 1 ST YEAR			
9	INTER 2 ND YEAR			

DETAILS OF HIGHER EDUCATION AND TECHNICAL QUALIFICATION:

Qualified Course	Name of the College & Place	Month & Year of Passing	Date of Registration and Reg.No	Max. Marks	Marks obtained	Percentage of Marks %

Experience If any () Yrs.

ADDRESS FOR COMMUNICATION:

Name (Full Name)	:	
House Number	:	
Village / Town	:	
Mandal & District	:	
Pin Code	:	
Contact Number	: 1.	2.

DECLARATION

I do hereby declare that all the above facts are true and correct. I further declare that if anything found incorrect I shall be liable to be termination from service with immediate effect without any notice and initiate necessary action.

SIGNATURE OF THE CANDIDATE