

DR.YSR URBAN CLINICS/UPHCs GUNTUR DISTRICT

**GOVERNMENT OF ANDHRA PRADESH
MEDICAL & HEALTH DEPARTMENT
GUNTUR DISTRICT, ANDHRA PRADESH**

APPLICATION FOR THE POST OF	
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PERSONAL DETAILS:

1	Full Name (Capital Letters)	
2	Gender	
3	Date of Birth	
4	Father/Mother Name	
5	Social Status	OC / SC / ST/ BCA/ BCB/ BCC/BCD/ BCE
6	Whether Physically Handicapped	YES / NO
7	Ex-Service Man	YES / NO
8	Sports	YES / NO
9	Aadhar Number	
10	Mobile Number	1. 2.
11	e-mail addresses	
12	Full Postal Address for Communication	
13	Bank Remittance Id No with date :	

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	PLCAE, MANDAL AND DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

DETAILS OF MARKS OBTAINED

Name of the Course	Maximum Marks /Grade	Marks obtained/Grade obtained	Percentage

WORK EXPERIENCE DETAILS:

Sl. No	Name of the organization	Type of Organization (Govt., / Private / NGO)	Position held	Period of works (from...to..)

DETAILS ENCLOSURES:

S.No	Copy of certificate	Enclosed (Yes/No)
1	SSC /X	
2	Intermediate /10+2	
3	Degree certificate	
4	Degree Marks memos	
5	PG Certificate	
6	PG Marks memos	
7	Caste Certificate (If applicable)	
8	Council / Para Medical Registration / Renewal Certificate	
9	4 th to 10 th Class Study Certificates If Private submit Residence Certificate from Thasildar for 7 years	
10	Experience certificates from employer	
11	Physically Handicapped Certificate	
12	Ex-Service Man Service Certificate	
13	SPORTS Certificates	

Signature of the Candidate