

GOVERNMENT OF ANDHRA PRADESH

RECRUITMENT OF STAFF NURSE/LAB TECHNICAL GR.II/PHARMACIST GR.II ON  
CONTRACT BASIS AND MNO/FNO ON OUTSOURCING BASIS

APPLICATION FORM

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE:

1.	Name of the candidate		Paste Photograph here and sign across it							
2.a	Name of the Father									
2.b	Name of Mother									
2.c	Name of husband/wife (if married)									
3.	Gender (M/F)									
4.	Date of Birth									
5.	Social Status(Please tick )	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">OC</td> <td style="width: 10%;">BC A</td> <td style="width: 10%;">BC B</td> <td style="width: 10%;">BC C</td> <td style="width: 10%;">BC D</td> <td style="width: 10%;">BC E</td> <td style="width: 10%;">SC</td> <td style="width: 10%;">ST</td> </tr> </table>	OC	BC A	BC B	BC C	BC D	BC E	SC	ST
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 )	VH / HH / OH								
7.	Whether Ex Service man/woman	YES / NO								



ADDRESS PARTICULARS:

Name :

Father Name/

Spouse 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 candidature will be cancelled summarily

NAME AND SIGNATURE OF THE  
CANDIDATE