

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

|                                |  |
|--------------------------------|--|
| APPLICATION FOR THE<br>POST OF | Microbiologist / Lab. Technician<br>/ Lab. Assistant |
|--------------------------------|--|

**PERSONAL DETAILS:**

|    |                                       |                            |
|----|---------------------------------------|----------------------------|
| 1  | Full Name (Capital Letters)           |                            |
| 2  | Gender                                |                            |
| 3  | Date of Birth                         |                            |
| 4  | Father/Mother Name                    |                            |
| 5  | Social Status                         |                            |
| 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 | DISTRICT IN WHICH STUDIED |
|-------|-----------------|---------------------------|
| IV    |                 |                           |
| V     |                 |                           |
| VI    |                 |                           |
| VII   |                 |                           |
| VIII  |                 |                           |
| IX    |                 |                           |
| X     |                 |                           |

**EDUCATIONAL QUALIFICATIONS:**

| QUALIFICATION | YEAR OF PASSING | NAME OF THE COLLEGE/UNIVERSITY |
|---------------|-----------------|--------------------------------|
|               |                 |                                |
|               |                 |                                |

**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 <sup>th</sup> to 10 <sup>th</sup> Class Study Certificates<br>If Private submit Residence Certificate from Thasildar for 7 years |                   |
| 10   | Experience certificates from employer  |                   |
| 11   | Physically Handicapped Certificate   |                   |

**Signature of the Candidate**