

Application for the post of ANM/MPHA (F) in Mancherial District

Last date for Receiving of Applications on. 04.08.2021, 5.00 PM

| | |
|----------------------|------------|
| Name of the District | Mancherial |
|----------------------|------------|

Please affix a
recent Passport
Size
Photograph

| | |
|---|--|
| Name of the Candidate | |
| Father/Husband Name | |
| Date of Birth (SSC Certificate to be enclosed) | |
| Gender (Please Tick) | Male / Female |
| Community Status (Certificate to be enclosed) | SC/ST/BC(A) / BC(B)/ BC(C)/ BC(D)/ BC(E)/OC |
| In case of BC Whether belongs to Non – Creamy Layer (Please tick) | Yes / No (Certificate to be enclosed for Yes) |
| Whether Physically Handicapped | Yes / No (Certificate to be enclosed for Yes) |
| Whether NCC Instructor | Yes / No (Certificate to be enclosed for Yes) |
| Address for Communication: | |
| Mobile No. | |
| Email ID: | |

Details of School Education: -

| Class | Year of Education | Regular/Private | Name of the School | District of the School |
|------------------|-------------------|-----------------|--------------------|------------------------|
| 1 st | | | | |
| 2 nd | | | | |
| 3 rd | | | | |
| 4 th | | | | |
| 5 th | | | | |
| 6 th | | | | |
| 7 th | | | | |
| 8 th | | | | |
| 9 th | | | | |
| 10 th | | | | |

Details of Qualifying Examination: -

| Course | Year of Education | Year of Passing | Name of the College & District | Name of the University |
|---------------|--------------------------|------------------------|---|-------------------------------|
| | | | | |

Details of Registration of Qualifying Exam: -

| Registration No | Registration Date | Name of the Council Where Registered |
|------------------------|--------------------------|---|
| | | |

Details of Marks in Qualifying Exam: -

| Consolidated Total Marks of the Exam | Marks obtained by the Candidate | Percentage (%) Obtained/Grade Obtained |
|---|--|---|
| | | |

Details of Application Fee Paid (Rs. ----- per Candidate)

(Payable in the form of Demand Draft drawn on ----- District)

| Demand Draft No. | D.D. Date | Name of the Bank & Branch |
|-------------------------|------------------|--------------------------------------|
| | | |

DECLARATION

I hereby declare that all the details provided by me in the above application, are true and correct to the best of my knowledge. Any Misrepresentation suppression of facts by me, if noticed at a later date, will forfeit my right to appointment and I shall be responsible for the same.

Dated:

Signature of the Candidate

List of Enclosures (Xerox copies of certificates)

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

ACKNOWLEDGEMENT TO CANDIDATE

Application for the post of ANM/MPHA (F): -

Name of the Candidate: -

Father/Husband Name: -

Date of Acknowledgement: -

Signature

Seal