

## **ANNEXURE -II**

### **NATIONAL HEALTH MISSION EAST GODAVARI DISTRICT**

#### **RECRUITMENT FOR DR. Y.S.R. URABN HEALTH CLINICS (UPHC's)-2021-22**

#### **APPLICATION FOR THE POST OF**

**(ON CONTRACT BASIS)**

(Application should be downloaded and submitted in A4 size paper only)

**Notification No.01/2021-22.**

**Application No..... (for office use only)**

1) Name of the applicant (in BLOCK letters)				
2) Father's Name/Husband's Name				
3) Gender :		4) Date of birth :		
5) Religion :		6) Social Status :(SC/ST/BC with group/OC)		
7) Relaxation of age if any :				
8) Whether belongs to physically handicapped: (Latest Certificate issued by the Medical board (SADAREM) only to be enclosed)				
9) If belongs to Ex-Service men, length of service in armed forces (Certificate to that effect to be enclosed)				
10) Details of Education qualifications from Class-IV to X Class				11) Local / Non Local
Sl. No	Class	Year of passing	Name of the School studied	District
1	4 <sup>th</sup> Class			
2	5 <sup>th</sup> Class			
3	6 <sup>th</sup> Class			
4	7 <sup>th</sup> Class			
5	8 <sup>th</sup> Class			
6	9 <sup>th</sup> Class			
7	10 <sup>th</sup> Class			

#### **11. Marks Obtained in Qualifying Exam and Technical Qualifications**

Academic & Technical qualifications	Month & year of passing	Max. marks/ Grade Points	Marks / Grade Points obtained	% Marks / Grade points
SSC / 10 <sup>th</sup> Class				
Intermediate				
Technical Qualification:				

#### **12. Experience :**

AP MCI/APNMC/AP Para Medical Board Registration Number and valid up to	
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#### **13. Address of Communication along with Pin code:**

Name :  
House Number :  
Village / Town :  
District :  
Phone/Mobile No. : e-mail address :

### **DECLARATION**

I do hereby declare that all the above facts are true and correct. I further declare that if the above particulars are found incorrect, I shall be liable for termination from service with immediate effect without assigning any notice

**SIGNATURE OF THE CANDIDATE**

**VERIFICATION CHECK LIST**

**Application No:**

**Name of the Applicant:**

**Name of the Post applied:**

1	Copy of marks memo of SSC or equivalent certificate Verified.	YES	NO
2.	Copy of Intermediate Marks memo Verified.	YES	NO
3.	Copy of marks memos of Technical Qualification	YES	NO
4.	Copy of Apprentice completion certificate in case of Intermediate Vocational Verified.	YES	NO
5.	Copy of AP MCI /AP NMC/ APPM Board registration Certificate Verified.	YES	NO
6.	Copy of latest Caste Certificate (in case of SC/ST/BC) Verified.	YES	NO
7.	Copy of Study Certificates from Class – IV to X where the candidate studied Verified.	YES	NO
8.	Copy of latest Physically handicapped certificate SADAREM (if applicable) Verified	YES	NO
9.	Copy of certificates supporting Ex Service Man Quota (if applicable) Verified.	YES	NO
10	Copy of Certificate of Experience (If Service Persons) duly counter signed by the District authority)	YES	NO
11	All the above documents should be attested.	YES	NO
12	Signature of the application & check list.	YES	NO

**Receiving Clerk.**

**Signature of the Candidate**