

# **APPLICATION FORM**

**GOVERNMENT OF ANDHRA PRADESH  
OFFICE OF THE SUPERINTENDENT, GOVT. REGIONAL EYE HOSPITAL,  
KURNOOL.**

**Application for recruitment of FNO/ MNO/ Theatre  
Assistant / on outsourcing basis and Lab  
Technician/Pharmacist Gr-II on Outsourcing basis  
to work at REH, Kurnool under the control of  
Superintendent, REH, Kurnool.**

Name of the post applied::

01	Name of the Applicant (In block letters as per SSC Marks list)	
02	Name of the Father/Husband	
03	Sex	
04	Date of Birth (As per SSC marks certificate)	
05	Age as on 01.07.2020	
06	Social Status (SC/ST/BC/Others) Latest caste certificate issued by Tahsildar to be enclosed)	
07	Whether belongs to Physical handicapped Category (Latest certificate to be enclosed by Medical Board)	
08	Whether Ex- Servicemen/women	

## 09. DETAILS OF SCHOOL EDUCATION :

SL. No.	Class	Year of Passing	Name of the school & Place	District
01	IV			
02	V			
03	VI			
04	VII			
05	VIII			
06	IX			
07	X			

Study certificates from IV<sup>th</sup> to X<sup>th</sup> should be enclosed otherwise candidate will be treated as NON LOCAL

10. EDUCATIONAL QUALIFICATION:

Qualifying Examination	Year of passing	Maximum Marks	Obtained Marks

11. EXPERIENCE IN GOVERNMENT MEDICAL INSTITUTIONS if any :

Sl. No.	Name of the Government Medical Institution/ Hospital	Experience		No.of completed months
		From	To	

12. ADDRESS FOR COMMUNICATION ALONG WITH MOBILE NUMBER :

Name of the Applicant	
Name of the Father/Husband	
House No	
Street/Village	
Mandal/District	
Pincode	
Mobile No.	
Email ID	

13. Whether Registered in A.P.Medical Council/  
AP Pharmacy council/AP Para Medical Board.:: YES/NO

If YES, Registration No::

Valid upto ::

## **DECLARATION**

I Sri/Kum/Smt..... S/O (or) D/O (or) W/O .....solemnly declare that the particulars given above are correct to the best of my knowledge and belief. 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 appointment will be cancelled summarily.

Date::

Place::

SIGNATURE OF THE APPLICANT

### **CHECK LIST::**

- i) Filled Application form
- ii) Demand Draft for Rs.300/- (Original and Xerox copy )
- iii) Aadhar card
- iv) SSC marks memo
- v) Intermediate marks memo
- vi) **Marks memo of** GNM/BSc.Nursing/ D.Pharmacy/B.Pharmacy/ qualifying exam marks certificates as per notification. Concerned course Year wise passed marks memos (all years)
- vii) Diploma/BSc.Nursing certificate/ D.Pharmacy/B.Pharmacy/ certificates/course certificates.
- viii) Certificate of Registration of NURSE & MIDWIFERY issued by AP Nursing council & D.Pharmacy/B.Pharmacy Registration certificate from AP Pharmacy council and qualifying exam registration from AP Paramedical Board.
- ix) Study certificates from IV<sup>th</sup> to X<sup>th</sup> class.
- x) Caste Certificate.
- xi) PH Certificates (SADEREM Certificate) of Hearing Handicapped., Visually Handicapped, Orthopedically Handicapped etc.)
- xii) Experience certificate signed by the concerned Medical Officer/Medical Superintendent of that CHC/AH/DH along with countersigned by the concerned DCHS, APVVP/DM&HO/Superintendent, REH, Kurnool whichever is applicable.

## **EXPERIENCE CERTIFICATE**

*(Certificate to be issued by the Government Medical Officer/Medical Superintendent concerned)*

This is to certify that Sri/Kum/Smt.....  
has worked/ has been working as.....on Contract Basis/  
Outsourcing basis in.....  
as detailed here under :-

Name of the Institution	Rural/ Urban /Tribal	Working/Worked period		Break of service if any	Reasons for break in service if any
		From	To		

I hereby declare that :

1. The services of the above candidate working/worked on Contract/Outsourcing basis during the above period are Satisfactory.
2. He/She does not have any adverse remarks from his/her superiors during the above period of contract/outsourcing services.
3. She is eligible for contractual/outsourcing service weightage as per the rules published in the notification.

Station:

**Signature of the Medical Superintendent/  
Medical Officer**

Date:

//Countersigned by //

**D.C.H.S/DM&HO/REH**