

GOVERNMENT OF ANDHRA PRADESH  
HEALTH, MEDICAL & FAMILY WELFARE DEPARTMENT  
KURNOOL DISTRICT

RE - NOTIFICATION NO.01/DMHO/DPM(DBCS)/2021

ENGAGING OF **PARA MEDICAL OPHTHALMIC ASSISTANTS (PMOA)**  
ON OUTSOURCING BASIS FOR IMPLEMENTATION OF Dr. YSR KANTI VELUGU  
(MASS EYE SCREENING) FOR A PERIOD OF ONE YEAR THROUGH APCOS

**APPLICATION FORM**

Paste passport size  
photo here and sign  
across

REGISTRATION NO:  
(FOR OFFICE USE)

POST FOR WHICH APPLICATION MADE:

1) APPLICANT DETAILS:

1.	Name of the Candidate	:	
2.a)	Father's Name	:	
2.b)	Mother's Name	:	
3.	Date of Birth	:	
4.	Sex	:	
5.	Social Status	:	
6.	Whether Physically Handicapped (Please tick)	:	YES / NO
6.a)	If yes please mention category of Disability (V.H/H.H/O.H)	:	
7.	Whether Ex-Service Man	:	YES / NO

2) STUDY OF SCHOOL EDUCATION:

Class of Study	Year of Passing	District in which studied
IV		
V		
VI		
VII		
VIII		
IX		
X		

3. EDUCATIONAL QUALIFICATIONS:

(a) ACADEMIC QUALIFICATION:

Qualification	Year of Passing	Total Marks (Max marks)	Marks Obtained
Intermediate with MPC / Bi. PC			

(b) TECHNICAL QUALIFICATION:

Qualification	Year of Passing	Total Marks (Max marks)	Marks Obtained
Paramedical Ophthalmic Assistants course from institute recognized by the Govt. of AP (or)			
B.Sc (Optometry) course from institute recognized by the Govt. of A.P (or)			
Diploma in Optometric technician from institute recognized by the govt. of A.P (or)			
Diploma in Optometry from institute recognized by the govt. of A.P			

(c) Whether Registered in A.P Paramedical Board: YES / NO

4. ADDRESS FOR COMMUNICATION:

House No.	:	
Locality	:	
Street / Area	:	
Land mark	:	
Village / Town	:	
District	:	
Pin code	:	
Mobile No.	:	
E-mail id	:	

**5. DECLARATION:**

I Sri / Kum / Smt....., D/o, S/o, H/o  
.....•.....certify that particulars furnished above  
are correct to the best of my knowledge and I agree that in the event of the particulars  
found to be incorrect (or) false at a later date, my candidature will be cancelled  
summarily.

Signature of the Candidate:

Name:

**Note:**

The candidate should submit all the requisite documents duly attested by a  
Gazetted Officer related to the post for which applied i.e, Educational Qualification  
certificates, AP Paramedical Board Registration, Caste, Study Certificates form IV to X  
class, Disability Certificate etc., if any to be submitted along with this application form)