

**GOVERNMENT GENERAL HOSPITAL, KURNOOL.**  
**GRIEVANCE/ OBJECTION FORMAT**

Name of the post to which applied.	
Name of the candidate (IN CAPITAL LETTERS)	
S.No. of the Candidate in the provisional Merit List	
Application ID No.	
Mobile No.	
Objection of the candidate. For the details entered in the provisional Merit list.	

**Mail id :- adgghknl@gmail.com**

IMPORTANT NOTE :- The candidates are informed that, no document / Certificate will be accepted afresh during this grievance i.e. objections will be examined only as per the data and document already submitted while applying.

Signature of the candidate.