

GOVERNMENT OF ANDHRA PRADESH  
DISTRICT HEALTH SOCIETY, VIZIANAGARAM DISTRICT  
NOTIFICATION NO **SPL/RBSK/DEIC/2019**

RECRUITMENT OF DENTAL DOCTOR (BDS), DENTAL HYGENIST IN **DEIC ON CONTRACT BASIS**  
UNDER RASTRIYA BALA SWASTHYA KARYAKRAM, NATIONAL HEALTH MISSION

APPLICATION FORM

REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE:

DISTRICT FOR WHICH APPLIED:

1.	Name of the candidate		Paste Photograph here and sign across it													
2.a	Name of the Father															
2.b	Name of Mother															
2.c	Name of husband/wife (if married)															
3.	Sex															
4.	Date of Birth															
5.	Social Status (Please tick)	<table border="1" style="display: inline-table;"><tr><td>OC</td><td>BC A</td><td>BC B</td><td>BC C</td><td>BC D</td><td>BC E</td><td>SC</td><td>ST</td></tr></table>	OC	BC A	BC B	BC C	BC D	BC E	SC	ST						
OC	BC A	BC B	BC C	BC D	BC E	SC	ST									

6.	Whether Physically handicapped (Please tick )	YES / NO
6(a)	If yes please mention category (Please tick )	HH / OH / VH
7.	Whether Ex Service man/woman	YES / NO

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER

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EDUCATIONAL QUALIFICATIONS:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained

ADDRESS PARTICULARS:

Name :

Father Name/

Husband name:

House No :

Street :

Village/Town :

District :

Pin :

**DECLARATION**

I, Smt/Kum/Sri.....D/o/S/o.....ce  
rtify that above particulars furnished by me are correct to the best of my knowledge. 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 candidature will be cancelled summarily

NAME AND SIGNATURE OF THE CANDIDATE

**Acknowledgement**

Received application from Sri/Smt. \_\_\_\_\_ for application to the post of  
\_\_\_\_\_ on \_\_\_\_\_ (Date) \_\_\_\_\_ (time). Copies of the following  
certificates are found.

- 1
- 2
- 3
- 4
- 5

Name, designation and Signature of official  
receiving the application form

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