

Application for the post of Medical Officer/Pharmacist/Lab-Technician

Jogulamba Gadwal dist

Applied for the Post:

Name of the District	
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Please affix a recent
Passport Size
Photograph

Name of the Candidate	
Father/Husband Name	
Date of Birth (SSC certificate to be enclosed)	
Gender (Please tick)	Male / Female
Community Status (Certificate to be enclosed)	SC / ST / BC (A) / BC (B) / BC (C) / BC (D) / BC (E) / OC
Whether Physically Handicapped	YES / NO (Certificate to be enclosed for Yes)
Address for Communication :	
Mobile No.	
Email Id	

Details of School Education

Class	Year of Education	Regular / Private	Name of the School	District of the School
1 st 3 rd				
2 nd				
3 rd				
4 th				
5 th				
6 th				
7 th				
8 th				
9 th				
10 th				

Course	Year of Education	Year of Passing	Name of the Collage & District	Name of the University

Details of Qualifying Examination

Registration No	Registration Date	Name of the Council Where Registered

Details of Registrations of Qualification Exam

Consolidated Total Marks of the Exam	Mark obtained by the Candidate	Percentage (%) obtained Grade Obtained

Details of Marks in Qualifying Exam

Details of Application Fee paid (Rs.300.00 per Candidate)

<u>Demand Draft no</u>	<u>DD Date</u>	<u>Name of the Bank & Branch</u>

(Payable in the form of Demand Draft Drawn in favor of DM&HO.Jogulamba Gadwal.Payable ; Gadwal)

DECLARATION

I hereby declare that all the details provided by me in the above application, are true and correct to the best of my knowledge. Any Misrepresentation suppression of facts by me, if noticed at a later date, will forfeit my right to appointment and I shall be responsible for the same.

Dated :
Candidate

Signature of the

List of Enclosures (Xerox copies of certificates)

- 1)
- 2)
- 3)

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ACKNOWLEDGEMENT TO CANDIDATE

Application for the post of M.O/Pharmacist/Lab-Technician is received from

Name of the Candidate:

Father/Husband Name:

Date of Acknowledgement:

Signature Seal