

**NOTIFICATION**

HEALTH & FAMILY WELFARE DEPARTMENT

Notification for the recruitment drive for the posts ,like **Staff Nurses/Lab-Technicians/ Pharmacists** Posts Under the Administrative Control of District Medical & Health Officer, Srikakulam on Contract Basis.

**APPLICATION FORM**

REGISTRATIN NO:  
(TO BE FILLED BY THE OFFICE)

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|--|

POST FOR WHICH APPLICATION MADE

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|      |  |  |  |    |    |    |    |    |    |    |  |   |   |   |   |   |  |  |
|------|--|--|--|----|----|----|----|----|----|----|--|---|---|---|---|---|--|--|
| 1    | Name of the Candidate                        |  | Paste photograph here and sign across it |    |    |    |    |    |    |    |  |   |   |   |   |   |  |  |
| 2a   | Name of the father                           |  |  |    |    |    |    |    |    |    |  |   |   |   |   |   |  |  |
| 2b   | Name of the Mother                           |  |  |    |    |    |    |    |    |    |  |   |   |   |   |   |  |  |
| 2c   | Name of Husband / wife (if married)          |  |  |    |    |    |    |    |    |    |  |   |   |   |   |   |  |  |
| 3    | Sex  |  |  |    |    |    |    |    |    |    |  |   |   |   |   |   |  |  |
| 4    | Date of Birth and age                        |  |  |    |    |    |    |    |    |    |  |   |   |   |   |   |  |  |
| 5    | Social status (Please tick)                  | <table border="1" style="display: inline-table; text-align: center;"><tr><td>OC</td><td>BC</td><td>BC</td><td>BC</td><td>BC</td><td>BC</td><td>SC</td><td>ST</td></tr><tr><td></td><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td></td><td></td></tr></table> <p><b>Note: If the ST Candidate Comes under Local Scheduled area please submit their Local Scheduled Area Certificate issued by the Concerned MRO's</b></p> | OC                                       | BC | BC | BC | BC | BC | SC | ST |  | A | B | C | D | E |  |  |
| OC   | BC   | BC   | BC                                       | BC | BC | SC | ST |    |    |    |  |   |   |   |   |   |  |  |
|      | A  | B  | C  | D  | E  |    |    |    |    |    |  |   |   |   |   |   |  |  |
| 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 / Women               | Yes / No   |  |    |    |    |    |    |    |    |  |   |   |   |   |   |  |  |

**DETAILS OF SCHOOL EDUCATION:**

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

STUDY CERTIFICATES FROM IV<sup>th</sup> TO X<sup>th</sup> SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON-LOCAL

**EDUCATIONAL QUALIFICATIONS:**

| QUALIFICATION | YEAR OF PASSING | NAME OF THE COLLEGE / UNIVERSITY |
|---------------|-----------------|----------------------------------|
|               |                 |                                  |

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION:**

| Qualifying Examination | Total Marks | Marks Obtained (GNM/B.Sc(N))<br>(Inter MLT/DMLT/B.Sc(MLT))<br>(B.Pharmacy/D.Pharmacy/M.Pharmacy) | % of Marks obtained |
|------------------------|-------------|--|---------------------|
|                        |             |  |                     |
|                        |             |  |                     |
|                        |             |  |                     |

**EXPERIENCE in Govt.Sector:**

| Sl. No | Name of the PHC | Experience |    | No of Years completed |
|--------|-----------------|------------|----|-----------------------|
|        |                 | From       | To |                       |
|        |                 |            |    |                       |
|        |                 |            |    |                       |
|        |                 |            |    |                       |

**ADDRESS PARTICULARS:**

Name :  
Father Name :  
Husband Name :  
House No. :  
Street :  
Village / Town :  
District :  
Pin :  
Cell No. / Phone No. :

**DECLARATION**

I, Smt / Sri / Kum ..... D/o / S/o / W/o .....  
..... certify 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

## Check List

1. Name & Address of the Candidate :
  
2. Mobile No. :
  
3. Date of Birth (Mentioned in 10<sup>th</sup> Class) :
  
4. Caste :
  
5. Local / Non-Local :  
(Study from 4<sup>th</sup> 10<sup>th</sup> more than 4 years  
(i.e. from 4<sup>th</sup> to 10<sup>th</sup>) in Srikakulam District,  
candidate belongs to Local other than Non-Local)
  
6. Physically Handicapped :  
(Plz. mentioned % of PH  
Only southern certificates are allowed)
  
7. Technical Training Marks :  
(Secured / Max Marks)
  
8. Year of Passing :  
(i.e. Registration Year)
  
9. Experience Certificate on Contract/  
Out-Sourcing details :

**Signature of the Candidate**

**Please submit your application**  
**below Order:**

**1. Check List**

**2. Application Form**

**3. 10<sup>th</sup> Class Marks List**

**4. Caste Certificate**

**5. PH Certificate (SADARAM Certificate)**

**6. Study Certificate (i.e., 4<sup>th</sup> to 10<sup>th</sup> class)**

**7. Education Qualification (i.e., Technical Education)**

**8. Registration Certificate**

**9. Experience Certificate (Govt. Service Only)**