

NOTIFICATION

Superintendent, Government General Hospital, Srikakulam

Notification for recruitment for the posts of 01-Physiotherapist & 01-MPHA (F) (ANM) on Contract basis under the Administrative Control of Director of Medical Education, A.P., Vijayawada to work at newly establishing Physiotherapy centre of **GOVERNMENT GENERAL HOSPITAL, SRIKAKULAM.**

The eligible candidates should submit the necessary documents along with the application form and Demand Draft of Rs.500/- for PHYSIOTHERAPIST post & Rs.300/- for MPHA (F) (ANM) post in favour of Hospital Development Society, Government General Hospital, Srikakulam.

Schedule of the Recruitment:

Issue of Notification	18-06-2021
Time period for submission of Applications	18-06-2021 to 26-06-2021

APPLICATION FORM

REGISTRATIN NO:

(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE

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;"><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> <p>Note: If the ST Candidate Comes under Local Scheduled area please submit their Local Scheduled Area Certificate issued by the Concerned MRO's</p>	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 / 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 IVth TO Xth 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 in the qualifying examination	% of Marks obtained

EXPERIENCE in Govt. Sector:

Sl. No	Name of the Institution / projects of State / Central	Experience		No of Years completed
		From	To	

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

ADDRESS PARTICULARS:

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

Name and Signature of
the candidate