

**NOTIFICATION FOR RECRUITMENT OF STAFF-NURSE POST AT ART CENTER,
GOVERNMENT GENERAL HOSPITAL, YADADRI, YADADRIBHUVANAGIRI DISTRICT
ON CONTRACT BASIS**

APPLICATION FORM

(To be filled in "BLOCK LETTERS" Only)

APPLICATION NO: (TO BE FILLED BY THE OFFICE)			
APPLICATION FOR THE POST OF:		STAFF-NURSE	
01.	Name of the Candidate		Paste Photograph here and sign across it
02.	Name of the Father		
03.	Gender		
04.	Date of Birth & Age		
05.	Communication Address		
06.	Mobile Number & Email ID		
07.	Aadhar Number		
08.	Social Status (OC/SC/ST/BC-A,B,C,D,E)		
09.	Religion		
10.	Status (Local /Non local)		
11.	Whether Physically handicapped Specify details.(VH/HH/OH)		
12.	Date of Completion of Technical Qualification		
13.	Whether experience if any in Government Institutions under Medical & Health Department (if yes enclose Service Certificate)		

DETAILS OF SCHOOL EDUCATION:

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

ACADEMIC MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	College/University	Year of Passing	Total Marks (Max Marks)	Marks Obtained	% of Marks Obtained

TECHNICAL MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	College/University	Year of Passing	Total Marks (Max Marks)	Marks Obtained	% of Marks Obtained

DECLARATION

I, Smt/Kum/Sri._____D/o.S/o._____

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.

SIGNATURE OF THE APPLICANT

PLACE:-

DATE:-

FOR
OFFICE
USE

ACKNOWLEDGEMENT TO CANDIDATE
(To be filled by Candidate)

Application for the Post of _____ is received from Sl.No. _____

Name of the Candidate :

Father /Husband Name :

Qualification :

Date of Acknowledgement:

Signature of the Candidate

Signature of the Receiver

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ACKNOWLEDGEMENT TO CANDIDATE
(To be filled by Candidate)

Application for the Post of _____ is received from Sl.No. _____

Name of the Candidate :

Father /Husband Name :

Qualification :

Date of Acknowledgement :

Signature of the Candidate

Signature of the Receiver