

APPLICATON FORM

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, KURNOOL

Recruitment Notification under Paramedical Recruitment, 2021

(FILLING UP OF THE POSTS OF LAB TECHNICIAN GR-II ON CONTRACT BASIS AND FNO, SANITARY ATTENDER CUM WATCHMAN ON OUTSOURCING BASIS THROUGH APCOS TO WORK IN THE PHCs OF KURNOOL AND NANDYAL DISTRICT DUE TO RESIGNATION BY THE CANDIDATES OF PARAMEDICAL RECRUITMENT, 2021)

NOTIFICATION NO. 03/PARAMEDICAL RECRUITMENT - 2021

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST OF:

1.	Name of the candidate:		Paste Photograph here and sign across it
2.a	Name of the Father		
2.b	Name of the Spouse (If Married)		
3.	Gender		
4.	Date of Birth, Age		
5.	Social Status (OC/SC/ST/ BC-A,B,C,D,E)		
6.	Status (Local/Non Local) as per study from 4 th to 10 th Class.		
7.	Whether Physically handicapped Specify details. (VH / HH / OH)		
8.	Whether Sports if any details:		
9	Name of the requisite qualification the applicant passed (Name of the Course)		
9 (a)	Year of passing of above requisite Qualification as mentioned in the Registration certificate		
9 (b)	Respective Council Registration No. & Date		
9 (c)	Name of the Registration council		
10	Whether Ex Service man / woman	Yes / No.	
11	Whether belongs to Economically weaker section category	Yes / No. If Yes, specify the valid year	
12	Mobile Number of the candidate		
13	Whether Bank receipt of Fee paid enclosed	Yes / No	

14. DETAILS OF SCHOOL EDUCATION:

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

15. QUALIFICATION EXAM MARKS:

Qualifying Examination	Total Marks (Max Marks)	Marks Obtained

16. Whether Claiming Contract / Outsourcing / Covid Service Weightage: (YES / NO)

NOTE:- 1. If yes, submit service certificate duly counter signature by the competent authority i.e., DM&HO, DCHS/Principal/Any other competent authority without any corrections / over writing along with appointment.

2. For awarding Service weightage, only same service will accepted.

17. Service details of the candidate:

Name of the post	Name of the institution	Tribal / Rural/ Urban/ COVID	Working Period		Length of service as on 25.05.2022 YY.MM.DD	No. of 06 months completed	Reasons For break in service if any	Whether there is financial concurrence for recruitment	Allegations / Adverse remarks if any
			From	To					

ADDRESS OF THE CANDIDATE:

SIGNATURE OF THE APPLICANT

DECLARATION

I, SMT/ KUM /SRI.....D/O/S/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 & SIGNATURE OF THE CANDIDATE