

APPLICATON FORM

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, KURNOOL

Recruitment Notification under NUHM

(FOR FILLING UP OF THE POSTS OF STAFF NURSES, LAB TECHNICIAN GR-II
PHARMACIST GR-II ON CONTRACT BASIS AND DEOs, LAST GRADE
SERVICES THROUGH OUTSOURCING BASIS (APCOS) TO WORK IN UPHCs
OF KURNOOL AND NANDYAL DISTRICT)

NOTIFICATION NO .02/UPHCs/NUHM/2022

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)	Date of Completion of above requisite Qualification		
9 b)	Respective Council Registration No. & Date		
10	Whether Ex Service man / woman	Yes / No.	
11	Whether belongs to Economically weaker section category	Yes / No.	
12	Mobile Number of the candidate		
13	Application fee receipt Date and Amount		

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	% of Marks

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 04.06.2022 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 /SRID/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