

GOVERNMENT OF ANDHRA PRADESH

GOVERNMENT GENERAL HOSPITAL, GUNTUR

RECRUITMENT OF CARDIOLOGY TECHNICIAN ON OUTSOURCING BASIS

APPLICATION FORM

REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST:

1	Name of the Candidate									
2.a	Name of the Father									
2.b	Name of the Mother									
2.c	Name of the Husband/ Wife (if married)									
3	Gender (M/F/Others)									
4	Date of Birth									
4.a	Age as on 01-12-2021	Years:	Months:	Days:						
5	Social Status (Please Tick)	OC <input type="checkbox"/>	BC-A <input type="checkbox"/>	BC-B <input type="checkbox"/>	BC-C <input type="checkbox"/>	BC-D <input type="checkbox"/>	BC-E <input type="checkbox"/>	EWS <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>
6	Whether Physically handicapped (Please Tick)	YES/NO								
6.a	If please mention category (Please Tick)	VH	/	HH	/	OH				
7	Whether Ex Service Men/Women	YES /NO								

DETAILS OF SCHOOL EDUCATION FOR LOCAL STATUS:-

CLASS	YEAR OF PASSING	NAME OF THE STUDYING VILLAGE AND MANDAL	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 AND MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Year of passing	Total Marks	Marks obtained	% of Marks Obtained

WORK EXPERIENCE DETAILS:-

S.No	Name of the organization	Type of Organization (Govt., / Private / NGO)	Position held	Period of works (from...to...)

Fee Particulars :

Amount Paid:

DD No:

DD Date:

Name of the Bank (Please Tick): SBI / UNION

ADDRESS PARTICULARS:

Name :

Father/Spouse Name :

House No :

Street :

Village/Town :

District :

Pin :

Cell No / Ph. No :

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 AND SIGNATURE OF THE
CANDIDATE