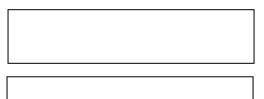
<u>NOTIFICATION</u> DISTRICT LEPROSY, AIDS,& TB OFFICER, <u>DISTRICT TB CONTROL OFFICE, SRIKAKULAM</u> <u>DISTRICT HEALTH & FAMILY WELFARE SOCIETY,</u> <u>NATIONAL TUBERCOLOSIS ELIMINATION PROGRAMME (NTEP)</u> Notification for the Recruitment drive for the posts., like <u>DOTS Plus TBHIV</u>

Supervisor (Contract Basis) /Lab technician (Contract Basis) Posts in the District TB Control Office, Srikakulam Under the District Health & Family Welfare Society (NTEP), Srikakulam.

APPLICATION FORM

REGISTRATION NO: (TO BE FILLED BY THE OFFICE)



POST FOR WHICH APPLICATION MADE

1.	Name of the Candidate										
2.a	Name of the father										
2.b	Name of the Mother]	Paste p	-	
2.c	Name of Husband / wife (if married)									and s cross i	0
3.	Sex										
4.	Date of Birth and age										
5.	Social status (Please tick)	Sche	duled	area	pleas	e sub	mit th	neir I	SC der Lo Local S rned N	Sched	
6.	Whether Physically handicapped (Please tick)	Yes / No									
6.(a)	If yes please mention category (please tick)	НН / ОН / 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		
Х		

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 (As per the questions mentioned in the notification)	% of Marks obtained

EXPERIENCE in Govt.Sector:

S1.	Name of the PHC	Exper	No of Years	
No	Name of the FHC	From	From To	
1.				
2.				
3.				

ADDRESS PARTICULARS:

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

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

Name and Signature of the candidate

Check List

1.	Name & Address of the Candidate	:
2.	Mobile No.	:
3.	Date of Birth (Mentioned in 10 th Class)	:
Л	Caste	
ч.	Caste	•
5.	Local / Non-Local	:
	(Study from 4th 10th more than 4 years	
	(i.e. from 4th to 10th) in Srikakulam Distr	rict,
	candidate belongs to Local other than No	n-Local)
6.	Physically Handicapped	:
	(Plz. mentioned % of PH	
	Only southern certificates are allowed)	
7.	Technical Training Marks	:
	(Secured / Max Marks)	
Q	Year of Passing	
0.	(i.e. Registration Year)	:
	(i.e. registration real)	
9. I	Experience Certificate on Contract/	
	Out-Sourcing details	:

Signature of the Candidate

Please submit your application below Order:

- 1. Check List
- 2. Application Form
- 3.10th Class Marks List
- 4. Caste Certificate
- 5. PH Certificate (SADARAM Certificate)
- 6. Study Certificate (i.e., 4th to 10th class)
- 7. Education Qualification (i.e., Technical Education)
- 8. Registration Certificate
- 9. Experience Certificate (Govt. Service Only)