

**GOVERNMENT OF ANDHRA PRADESH**  
**OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, KURNOOL.**  
**( Notification No.04/TELEMEDICINE HUB/2022, dt.16-05-2023)**

(Recruitment of Specialist Doctors and Medical Officers on contract basis to work in Telemedicine Hubs located in Kurnool District and Nandyal District under National Health Mission through **WALK-IN-INTERVIEW**)

Affix  
Latest colour  
passport size  
photo with self  
attestation

**APPLICATION FOR THE POST OF \_\_\_\_\_**

1. **NAME OF THE APPLICANT** :  
(as per SSC)

2. **FATHER's NAME** :

3. **DATE OF BIRTH** :  
(As per SSC Marks List)

Date	Month	Year

4. **AGE AS ON 01.07.2022** :

Years	Months	Days

5. **SOCIAL STATUS** :  
(Attested copy of latest Caste Certificate issued by the Tahsildar concerned to be enclosed)

SC	ST	BC (with Sub Group)	Others

6. **Whether belongs to Visually / Hearing / Physically Handicapped?** : Yes / No  
(If Yes, the latest Certificate issued by the Medical Board to be enclosed)

7. **Whether belongs to Ex-Service men?** : Yes / No  
(If Yes, necessary certificate should be enclosed)

8. **DETAILS OF SCHOOL EDUCATION** :

Class	Year of Passing	Name of the School & Place	District
IV			
V			
VI			
VII			
VIII			
IX			
X			

9. **Residential Address** :

**Mobile No.** :

**E-mail ID** :

10. Details of Fee remitted to the Bank Account of the :  
DM&HO, Kurnool (Amount, mode of payment etc.)

11. **QUALIFICATION** :-

(Attested copies of relevant certificates of qualifying examination, along with Marks Lists to be enclosed)

(i) **ESSENTIAL QUALIFICATION** :

Name of the Course (MBBS / PG)	Date of passing of the Course	Maximum Marks in the Course (in all years)	Marks obtained in the Course (in all years)	% of Marks aggregating to 75%

(ii) **EXPERIENCE** :

(Copy of Service Certificate in the prescribed format to be enclosed)

Place where worked / working.	Urban / Rural / Tribal / COVID-19	Period of work		Total period of experience	
		From	To	Years	Months

Registration Number of Andhra Pradesh Medical Council.	
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**DECLARATION**

I, \_\_\_\_\_, S/o / D/o \_\_\_\_\_  
solemnly declare that the particulars given above are correct to the best of my knowledge and belief.  
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 appointment will be cancelled summarily.

**SIGNATURE OF THE APPLICANT**