

GOVERNMENT OF ANDHRA PRADESH
(Notification No.20/UPHC/KNL/2021, dt.16.05.2023)

APPLICATION FORM FOR THE POST OF MEDICAL OFFICER (MBBS)
(THROUGH WALK-IN-INTERVIEW)

**(TO WORK IN URBAN PRIMARY HEALTH CENTRES OF KURNOOL DISTRICT
AND NANDYAL DISTRICT ON CONTRACT BASIS)**

Affix
Latest colour
passport size
photo with self
attestation

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. Whether belongs to Economically Weaker Section (EWS)? : Yes / No
(If Yes, necessary certificate should be enclosed)

9. Whether belongs to Sports person? : Yes / No
(If Yes, necessary certificate should be enclosed)

10. DETAILS OF SCHOOL EDUCATION :

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

11. Residential Address :

Mobile No. :

E-mail ID :

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

13. QUALIFICATION :-

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

(i) ESSENTIAL QUALIFICATION :

Name of the Course	Date of passing of the Course (i.e. date of completion of Compulsory Rotatory Internship)	Maximum Marks in the Course (in all years)	Marks obtained in the Course (in all years)	% of Marks aggregating to 75%
MBBS				

(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

DOCUMENTS TO BE ENCLOSED TO THE APPLICATION FORM

1	Copy of SSC marks memo or equivalent certificate.
2	Copy of MBBS Degree certificate.
3	Copy of MBBS marks memo.
4	Copy of Internship completion certificate.
5	Copy of APMC Registration Certificate.
6	Copy of latest Caste Certificate (in case of SC/ST/BC)
7	Copies of Study Certificates from Class - IV to X.
8	Copy of latest Visually/Hearing/Physically Handicapped Certificate (if applicable).
9	Copy of certificate supporting Ex-Servicemen Quota (If applicable).
10	Copy of Income Certificate issued by the Tahsildar (if applicable).
11	Copy of Sports Certificate (if applicable).
12	Copy of Contract / Outsourcing Service Certificate (if applicable).