#### **ANNEXURE-II**

### NATIONAL HEALTH MISSION ERSTWHILE EAST GODAVARI DISTRICT

## **RECRUITMENT FOR VARIOUS CATEGORIES POSTS UNDER NHM-2023**

### APPLICATION FOR THE POST OF

ON CONTRACT BASIS)

(Application should be downloaded and submitted in A4 size paper only)

Notification No.0372025				Application No (for onice use only				

1)Name of the applicant								
(in l	BLOCK letters	s)						
2)Fath	ier's Name/H	Iusban	d's Nam	ıe				
3)Gen					ate of birth:			
5)Reli	gion:			6)Sc	cial Status:(SC/ST/B	C with group/OC)		
7)Rela	exation of ag	e if any	:					
•	ether belong		-					
					d(SADAREM)only to b	-		
•	•			th of ser	vice in armed force	es		
	tificate to that effects			ions fro	om Class-IV to X C	lage 11)Loga	l/Non Local	
10)De	tails of Lauc		ar of	10115 11 0	III Class-IV to A C	71a55 11)110Ca	I/ NOIL HOCAL	
Sl.No	Class		sing		Name of the Sch	ool studied	District	
1	4 <sup>th</sup> Class	<u></u>	- 3					
2	5 <sup>th</sup> Class							
3	6 <sup>th</sup> Class							
4	7 <sup>th</sup> Class							
5	8 <sup>th</sup> Class							
6	9 <sup>th</sup> Class							
7	10 <sup>th</sup> Class							
11. Ma	rks Obtained in	n Qualify	ing Exan	n and Te	chnical Qualification	s		
	Academic	٠,8,				Marks/		
Academic& Technical				&year	Max.	Grade	% Marks /	
qualifications			of p	assing	marks/Grade	Points	Grade	
					Points	obtained	points	
	SSC/10 <sup>th</sup> Clas							
	Intermediate							
Technical Qualification/								
Graduation:								
	perience:	D Davis	N	1 D 1				
	AP MCI/APNMC/AP Para Medical Board Registration Number and valid up to							
vedisi	Tation Numb	er and	vanu uj	, 10				
12 π.1.				. '(1. 1	N., d.,			

13. Address of Communication along with Pin code:

Name :

House Number : Village/Town : District :

Phone/ Mobile No. : e-mail address:

#### **DECLARATION**

I do here by declare that all the above facts are true and correct .I further declare that, if the above particulars are found incorrect, I shall be liable for termination from service with immediate effect without assigning any notice

#### **VERIFICATIONCHECKLIST**

ApplicationNo:

Name of the Applicant:

# Name of the Post applied:

1	Copy of marks memo of SSC or equivalent certificate Verified.	YES	NO
2.	Copy of Intermediate Marks memo Verified.	YES	NO
3.	Copy of marks memos of Technical Qualification	YES	NO
4.	Copy of Apprentice completion certificate in case of Intermediate Vocational Verified.	YES	NO
5.	Copy of APMCI/APNMC/APPM Board registration Certificate Verified.	YES	NO
6.	Copy of latest Caste Certificate(incase of SC/ST/BC) Verified.	YES	NO
7.	Copy ofStudyCertificatesfromClass— IVtoXwherethecandidatestudiedVerified.	YES	NO
8.	Copy of latest Physically handicapped certificate SADAREM (if applicable) Verified	YES	NO
9.	Copy of certificates supporting Ex Service Man Quota (if applicable)Verified.	YES	NO
10	Copy of Certificate of Experience (If Service Persons) duly counter signed by the District authority)	YES	NO
11	All the above documents should be attested.	YES	NO
12	Signature of the application & check list.	YES	NO

Receiving Clerk.

Signature of the Candidate