



**OFFICE OF THE SUPERINTENDENT, GOVT GENERAL HOSPITAL,  
ANANTHAPURAMU**

\*\*\*\*\*

**RECRUITMENT OF CERTAIN POSTS UNDER ADMINISTRATIVE CONTROL  
OF SUPERINTENDENT, GOVT GENERAL HOSPITAL, ANANTHAPURAMU  
ON CONTRACT BASIS**

\*\*\*\*\*

**APPLICATION FORM**

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE):

APPLICATION FOR THE POST OF:

1.	Name of the candidate:		Paste Photograph here and sign across it
2.	Name of the Father		
3.	Gender		
4.	Date of Birth		
5.	Social Status (OC/SC/ST/ BC- A,B,C,D,E)		
6.	Status (Local/Non Local)		
7.	Whether Physically handicapped Specify details. (VH / HH /		
8.	Whether experience if any in Government (If yes enclosed Service Certificate)		
9.	Whether Ex Service		YES / NO
<b>DD Number &amp; Date</b>		<b>Amount</b>	<b>Name of the Bank</b>

**DETAILS OF SCHOOL EDUCATION:**

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		
Intermediate		
Graduate		

**EDUCATIONAL QUALIFICATIONS FOR STAFF NURSE POSTS**

Qualifying Examination	Total Marks (Max Marks)	Marks Obtained	% of Marks Obtained
GNM			
BSC(N)			
A.P (NURSING & MIDWIFERY) COUNCIL REGISTRATION CERTIFICATES SHOULD BE ENCLOSED			

**MARKS OBTAINED IN THE QUALIFYING EXAMINATIONS  
(PARAMEDICAL POSTS)**

Qualifying Examination	Total Marks (Max Marks)	Marks Obtained	% of Marks Obtained

**ADDRESS OF THE CANDIDATE WITH MOBILE NUMBER:**

Name:

Door No:

Street:

Village/Mandal:

District:

State:

Contact Number:

**Signature of the Applicant**

**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**