

APPLICATON FORM

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, KURNOOL

Recruitment Notification under NUHM

(FOR FILLING UP OF THE POSTS OF LAB TECHNICIAN ON CONTRACT BASIS
AND DEOs, LAST GRADE SERVICES THROUGH OUTSOURCING BASIS
(APCOS) TO WORK IN UPHCs OF KURNOOL AND NANDYAL DISTRICT)

WALK IN INTERVIEW ON 15.02.2025

NOTIFICATION NO .08/UPHCs/NUHM/2022

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.a | Name of the Father | | |
| 2.b | Name of the Spouse (If Married) | | |
| 3. | Gender | | |
| 4. | Date of Birth, Age | | |
| 5. | Social Status (OC/SC/ST/ BC-A,B,C,D,E) | | |
| 6. | Status (Local/Non Local) as per study from 4 th to 10 th Class. | | |
| 7. | Whether Physically handicapped Specify details. (VH / HH / OH) | | |
| 8. | Whether Sports if any details: | | |
| 9 | Name of the requisite qualification, the applicant has passed. (Name of the Course) | | |
| 9 a) | Date of Completion of above requisite Qualification | | |
| 9 b) | Respective Council Registration No. & Date | | |
| 10 | Whether Ex Service man / woman | Yes / No. | |
| 11 | Whether belongs to Economically weaker section category | Yes / No. | |
| 12 | Mobile Number of the candidate | | |
| 13 | Application fee receipt Date and Amount | | |

14. DETAILS OF SCHOOL EDUCATION:

| CLASS | YEAR OF PASSING | DISTRICT IN WHICH STUDIED |
|-------|-----------------|---------------------------|
| IV | | |
| V | | |
| VI | | |
| VII | | |
| VIII | | |
| IX | | |
| X | | |

15. QUALIFICATION EXAM MARKS:

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

16. Whether Claiming Contract / Outsourcing / Covid Service Weightage: (YES / NO)

NOTE:- 1. If yes, submit service certificate duly counter signature by the competent authority i.e., DM&HO, DCHS/Principal/Any other competent authority without any corrections / over writing along with appointment.

2. For awarding Service weightage, only same service will accepted.

17. Service details of the candidate:

| Name of the post | Name of the institution | Tribal / Rural/ Urban/ COVID | Working Period | | Length of service as on 04.06.2022 YY.MM.DD | No. of 06 months completed | Reasons For break in service if any | Whether there is financial concurrence for recruitment | Allegations / Adverse remarks if any |
|------------------|-------------------------|------------------------------|----------------|----|---|----------------------------|-------------------------------------|--|--------------------------------------|
| | | | From | To | | | | | |
| | | | | | | | | | |

ADDRESS OF THE CANDIDATE:

SIGNATURE OF THE APPLICANT

DECLARATION

I, SMT/ KUM /SRID/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 & SIGNATURE OF THE CANDIDATE