

APPLICATION FORM

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, KURNOOL

Recruitment Notification under NUHM

**(FOR FILLING UP OF THE POSTS OF STAFF NURSES ON CONTRACT BASIS
AND DEOs, LAST GRADE SERVICES THROUGH OUTSOURCING BASIS
(APCOS) TO WORK IN UPHCs of KURNOOL DISTRICT)**

NOTIFICATION NO .01/UPHCs/NUHM/2021 (2nd Notification)
(Backlog out of 1st notification)

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 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	Demand Draft Number, Date and Amount	No fee required	

DETAILS OF SCHOOL EDUCATION:

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

QUALIFICATION EXAM MARKS :

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

Important Note: Only the categories(Roster) mentioned in the notification are only eligible for applying the posts. In case if any candidate/candidates other than the above category (Roster) applies for the posts their application will be rejected automatically.

MOBILE NUMBER OF THE CANDIDATE:

ADDRESS OF THE CANDIDATE:

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 & Signature of the candidate