

CHECK-LIST**Application NO:**

Applicant Name:.....

Applied for the Post:

The following documents are enclosed as mentioned in the below serial order.[Page Number should be indicated on both sides of the sheet].

అభ్యర్థి తాను జతచేయవలసిన డాక్యుమెంట్లు దిగువ తెలిపిన వరుస క్రమములోనే జతచేయవలను. వరస క్రమంలో జతచేయకపోయినా లేదా జతచేయవలసిన డాక్యుమెంట్లు జతచేయక పోయినా దరఖాస్తు తిరస్కరించబడును. ప్రతీ పేపర్ కీ రెండు వైపులా పేజీ నెంబరులు వేయవలెను. (అప్లికేషన్ తో సంబంధిత డాక్యుమెంట్స్ ను ఖచ్చితముగా ట్యాగ్ చేయవలయును). డి.డి.పై పేజీ నెంబర్ వేయరాదు. పైవేటు ఆసుపత్రులనుండి పొందిన సర్వీస్ సర్టిఫికేట్స్ అనుమతించబడవు. (మ 1:30 గం నుండి 2:00 గం వరకు లంచ్ టైం)

S-No	Name of the Document జత చేయవలసిన సర్టిఫికేట్లు	Enclosed? [Y/N] జతచేశారా ఔను లేదు	No.of Sheets మొత్తం పేపర్ల సంఖ్య	Page-No [From] పేజీ నెం.. నుండి	Page-No [To] పేజీ నెం.. వరకు
1	Check-List				
2	Application				
3	Social Status				
4	4 th to 10 th Class Study Certificate				
5	SSC Marks List				
6	Inter/Graduation Marks List [Inter Vocational Candidates should submit Both Inter Marks and Bridge Course Marks]				
7	All Years Passed Marks lists of qualified course i.e. for Nurse/Lab-Tech/Pharm-Gr-II/Receptionist				
8	Registration Certificate of qualifying course				
9	Renewal Certificate of qualifying course				
10	Service certificate issued by the controlling officer or any other authority in case of the staff working on contract / outsourcing basis who wants to claim weight age marks. In the absence of such certificates candidates will not be given any weightage [As per the enclosed format only, Other formats will be rejected]				
11	Physically Handicapped Certificate (SADAREM)				
12	Demand Draft (D.D పై పేజీ నెంబర్ వేయరాదు)				
Total Sheets and Pages enclosed [Including Check-List]					

Checked by

Signature of the Applicant:

Date:

Signature:

Mobile-No:

Name:

Designation:

GOVERNMENT OF ANDHRA PRADESH
KING GEORGE HOSPITAL, VISAKHAPATNAM DISTRICT
APPLICATION FORM

Paste latest
Passport size
photograph and
sign across it

Application No:
To be filled by Office)

Post for which Application made:

1.	Name of the candidate								
2. a	Name of the Father								
2. b	Name of the Mother								
2. c	Name of husband / Wife (if married)								
3.	Gender (M/F/TG)								
4.	Date of Birth(DD/MM/YY)								
5.	Social Status (Please Tick)	OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST
6. a	Whether Physically Handicapped (Please tick)	YES / NO							
6. b	If yes please mention the category (Please tick)[SADARAM certificate should be enclosed]	VH / HH / OH/							
7.	Whether Category of Ex- servicemen/ Sports	YES / NO							
8	Local Status [If 4 th to 10 th studied in Visakhapatnam district, treated as Local, otherwise Non-Local <u>[Study certificate should be enclosed, otherwise treated as Non-Local]</u> <u>స్టడీ సర్టిఫికేట్ లో స్కూలు మరియు జిల్లా ఇతర వివరాలు స్పష్టంగా కనిపించవలెను.. లేనిచో నాన్ లోకల్ గానే పరిగణించబడును</u>								

DETAILS OF SCHOOL EDUCATION

CLASS	YEAR OF PASSING	Name of the School and Place of Study	District
IV			
V			
VI			
VII			
VIII			
IX			
X			

STUDY CERTIFICATES FROM IV TO X SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NONLOCAL. స్టడీ సర్టిఫికేట్ లో స్కూలు మరియు జిల్లా ఇతర వివరాలు స్పష్టంగా కనిపించవలెను.

EDUCATIONAL QUALIFICATIONS AND MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Name of the Qualifying Examination Tick (✓) and specify:

(Nursing/Pharmacy/LT/ Graduation with computers for Recp-clerk post):

Year of passing:P

Registration No:

Renewal valid Upto:

01.07.2020 తేదీ నాటికి అర్హత లేని రెన్యూవల్ సర్టిఫికేట్ ను తిరస్కరించబడుతుంది..

Year of Passing	Total Marks	Marks Obtained	% of Marks obtained
I			
II			
III			
IV			
Internship [if any]			

Application Fee Details

DD/Receipt-No	Date	Bank-Name	Amount

ADDRESS PARTICULARS:

S-No	Description	Particulars
1	Applicant Name	
2	Father/Husband Name	
3	D.No.	
4	Street	
5	Village	
6	Mandal	
7	District	
8	PIN	
9	Mobile-No	
10	Aadhaar-No	
11	Email-ID	

11. Experience Certificate in case of contract/Out Sourcing Employees. (Copy should be Enclosed)

Sl.No.	Name of the Hospital	Scheme under which worked	Experience		No of years completed
			From	To	

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 later date my candidature may be cancelled summarily.

Name and Signature of the Candidate

**CERTIFICATE OF CONTRACTUAL / OUTSOURCING
SERVICE**

(to be issued by the controlling officer concerned DM&HO / DCHS / any other competent authority)

This is to certify that Dr. _____, S/o, D/o.....

_____ has been working as
at _____ on contract / Outsourcing outsourcing basis
with the financial concurrence of the Government. The details of his/her service as on
..... are as follows:

Name of the Institution	Tribal/Rural / Urban	Working Period		Reasons for breaking service if any	Whether there is financial concurrence for recruitment	Allegations / Adverse remarks if any
		From	To			

I hereby declare that,

1. His/ her services as Medical Officer during the contract / outsourcing period are satisfactory.
2. He/ she is appointed as CAS on contract basis through DSC / through outsourcing agency .
3. He/she does not have any adverse remarks from his/ her superiors.
4. He / She is eligible weightage under contract / outsourcing as per the rules.

Station:

Date :

SIGNATURE OF CONTROLLING
OFFICER (DM&HO / DCHS / ANY
OTHER COMPETENT AUTHORITY)