

CHECK-LIST**Application NO:**

Applicant Name:.....

Applied for the Post: **Receptionist cum clerk.**

The following documents are enclosed as mentioned in the below serial order.[]

అభ్యర్థి తాను జతచేయవలసిన డాక్యుమెంట్లు దిగువ తెలిపిన వరుస క్రమములోనే జతచేయవలను. వరస క్రమంలో జతచేయకపోయినా లేదా జతచేయవలసిన డాక్యుమెంట్లు జతచేయక పోయినా దరఖాస్తు తిరస్కరించబడును..(అప్లికేషన్ తో సంబంధిత డాక్యుమెంట్స్ ను ఖచ్చితముగా ట్యాగ్ చేయవలయును). (మ1:30 గం నుండి 2:00 గం వరకు లంచ్ టైం)

S-No	Name of the Document జత చేయవలసిన సర్టిఫికేట్లు	Enclosed? [Y/N] జతచేశారా బెను లేదు	No. of Sheets మొత్తం పేపర్ల సంఖ్య
1	Check-List		
2	Application		
3	Social Status		
4	4 th to 10 th Class Study Certificate		
5	SSC Marks List		
6	Graduation provisional		
7	All Years Passed Marks lists of qualified course i.e. Graduation in any discipline for Receptionist cum clerk (in marks Mode)		
8	P.G, Diploma in Computer Application		
9	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]		
10	Physically Handicapped Certificate (SADAREM)		
11	Demand Draft (D.D పై పేజి 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:

**Receptionist cum
Clerk**

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..</u> <u>లోనిచో 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:

(Graduation with PG.Diploma in computers for Recp-clerk post):

Year of passing of Graduation

Year of passing of PGDCA: _____

Degree (Branch /Gorup).....

Year of Passing	Total Marks	Marks Obtained	% of Marks obtained
I			
II			
III			
IV			
V			
VI			

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 / Village	
5	Mandal	
6	District	
7	PIN	
8	Mobile-No	

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

Sl.No.	Name of the Hospital/Institution	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 Smt/Sri _____, S/o, D/o _____
_____ has been working as _____
at _____ on contract /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 _____ during the contract / outsourcing period are satisfactory.
2. He/ she is appointed as _____ 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)