

CHECK-LIST**Application NO:**

Applicant Name:.....

Applied for the Post:

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).డి.డి.ని ట్యాగ్ చేయరాదు. పైవేటు ఆసుపత్రులనుండి పొందిన సర్వీస్ సర్టిఫికేట్స్ అనుమతించబడవు. (మ1:30 గం నుండి 2:00 గం వరకు లంబ్ టైం)

S-No	Name of the Document జత చేయవలసిన సర్టిఫికేట్లు	Enclosed? [Y/N] జతచేశారా ఔను లేదు	No.of Sheets మొత్తం పేపర్ల సంఖ్య
1	Check-List		
2	Application		
3	Social Status/caste certificate		
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 Staff Nurse, Pharmacist Gr-II, Lab-Tech Gr-II, Cardiology Technician, Radiographer, Artificial kidney Operator		
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	E.W.S certificate issued by the Tahsildar Concerned. for EWS candidates.		
12	Physically Handicapped Certificate (SADAREM)		
13	UBI,KGH Branch Challan/ Demand Draft		
Total Sheets and Pages enclosed [Including Check-List]			

Checked by

Signature of the Applicant:

Date:

Signature:

Mobile-No:

Name:

Designation:

Must Read notification and then fill up the application
GOVERNMENT OF ANDHRA PRADESH
KING GEORGE HOSPITAL, VISAKHAPATNAM DISTRICT
APPLICATION FORM

(Recruitment as per Rc. No. 9000/P1/2021-22, dated.19.11.2021 of DME, AP)

Paste latest
Passport size
photograph and
sign across it

Application No:
To be filled by Office)

Post for which Application made:

Out Sourced/ Contract

Out Sourced	Contract
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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 /EWS candidates (Please Tick)	OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST	EWS
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 నాస్ లోకల్ గానే పరిగణించబడును</u>									

DETAILS OF SCHOOL EDUCATION

(2)

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:.....

Year of passing:

Registration No:

Renewal valid Up to:

01.12.2021 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

UBI, KGH branch Challan NO/DDNO	Date	Bank-Name	Amount

(3)

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.

Signature of the Applicant