## ANNEXURE-II

# NATIONALHEALTHMISSIONEASTGODAVARIDISTRICT RECRUITMENT NATIONAL HEALTH MISSION)-2024

### APPLICATIONFORTHEPOSTOF \_\_\_\_\_\_ (ONCONTRACTBASIS)

### (Application should be downloaded and submitted in A4 size paper only)

#### Notification No.02/2024. Application No.....(for office use only)

1)Name of the applicant							
(i	n BLOCK letters)	)					
2)Fa	ther's Name/H	lusband's					
Nan	ne						
3)Gender:			4)Date of birth:				
5)Religion:			6)Social Status:(SC/ST/BC with group/OC)				
7)Re	elaxation of age	e if any:					
8)W	hether belong	s to physically	y han	ndicapped:			
(1	atest Certificate is	ssued by the Med	lical b	ooard(SADAREM)onl	y to be enclosed)		
9)If	belongs to Ex-Se	ervice men, leng	gth of	f service in armed f	forces		
(0	ertificate to that effe	ect to be enclosed)					
10)Details of Education qualifications from Class-IV to X Class 11)Local/Non Local							l/Non Local
CLM	Class	Year of	Name of the School studied			District	
Sl.N o	Class	passing					District
1	4 <sup>th</sup> Class						
2	5 <sup>th</sup> Class						
3	6 <sup>th</sup> Class						
4	7 <sup>th</sup> Class						
5	8 <sup>th</sup> Class						
6	9 <sup>th</sup> Class						
7	10 <sup>th</sup> Class						
11. Marks Obtained in Qualifying Examand Technical Qualifications							
Academic& Month & ye				Max.	Marks/Gra	ide	% Marks /

Academic& Technical qualifications	Month & year of passing	Max. marks/Grade Points	Marks/Grade Points obtained	% Marks / Grade points
SSC/10 <sup>th</sup> Class				
Intermediate				
Technical Qualification:				
12 Experience				

#### 12. Experience:

AP MCI/APNMC/AP Para Medical Board	
Registration Number and valid up to	

13. Address of Communication along with Pin code:

Name	:	
House Number	:	
Village/Town	:	
District	:	
Phone/ Mobile No.	:	e-mail address:

### DECLARATION

I do here by declare that all the above facts are true and correct .I further declare that, if the above particulars are found incorrect, I shall be liable for termination from service with immediate effect without assigning any notice

### **VERIFICATIONCHECKLIST**

# **Application No:**

## Name of the Applicant:

# Name of the Post applied:

1	Copy of marks memo of SSC or equivalent certificate Verified.	YES	NO
2.	Copy of Intermediate Marks memo Verified.	YES	NO
3.	Copy of marks memos of Technical Qualification	YES	NO
4.	Copy of Apprentice completion certificate in case of Intermediate Vocational Verified.	YES	NO
5.	Copy of APMCI/APNMC/APPM Board registration Certificate Verified.	YES	NO
6.	Copy of latest Caste Certificate (in case of SC/ST/BC) Verified.	YES	NO
7.	Copy of Study Certificates from Class– IV to where the candidate studied Verified.	YES	NO
8.	Copy of latest Physically handicapped certificate SADAREM (if applicable) Verified	YES	NO
9.	Copy of certificates supporting Ex Service Man Quota (if applicable) Verified.	YES	NO
10	Copy of Certificate of Experience (If Service Persons) duly counter signed by the District authority)	YES	NO
11	All the above documents should be attested.	YES	NO
12	Signature of the application & check list.	YES	NO

**Receiving Clerk.** 

Signature of the Candidate