ANNEXURE-II

NATIONALHEALTHMISSIONEASTGODAVARIDISTRICT RECRUITMENT NATIONAL HEALTH MISSION)-2025

(ONCONTRACTBASIS)

<u>APPLICATIONFORTHEPOSTOF</u>

(A)	pplication should be	down	loaded and submit	tted in	A4 size paper only)			
otification No.02	1/2024. Appl	icatio	n No	•••••	(for office us	e only)		
1)Name of the	applicant							
(in BLOCK letters)								
2)Father's Name/Husband's Name								
3)Gender:			4)Date of birth:					
5)Religion:			6)Social Status:(SC/ST/BC with group/OC)					
7)Relaxation of	age if any:	•						
-	ongs to physical ate issued by the M		* *	only t	to be enclosed)			
-	x-Service men, le t effect to be enclosed	_	f service in arme	ed for	rces			
10)Details of E	ducation qualific	ation	s from Class-IV	to X	Class 11)L	ocal/Non Local		
Sl.N Class	Year of passing		Name of the School studied		Distric			
1 4 th Class								
2 5 th Class								
3 6 th Class								
4 7 th Class								
5 8thClass								
6 9thClass								
7 10 th Class								
11. Marks Obtain	ed in Qualifying Ex	amano	l Technical Qualif	icatio	ns			
Academic& Technical qualification	Month & y of passi		Max. marks/Grade Points	e	Marks/Grade Points obtained	% Marks / Grade points		
SSC/10 th Class								
Intermediate	_							
Technical Qualifica								
12. Experience:	Z/AP Para Medic	al Da	and					
	./AP Para Medic imber and valid							
	umber and valid	-	•					

code:Name **House Number** Village/Town District

e-mail address: Phone/ Mobile No.

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

ApplicationNo:

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 (incase of SC/ST/BC) Verified.	YES	NO
7.	Copy of Study Certificates from Class – IV to X 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