

GOVERNMENT OF ANDHRA PRADESH
GOVERNMENT GENERAL HOSPITAL, GUNTUR
RECRUITMENT OF NUCLEAR MEDICINE TECHNICIAN ON TEMPORARY BASIS
APPLICATION FORM

REGISTRATION NO:
 (TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST:

| | | | | | | | | | | |
|-----|--|--|---|---|---|---|---|--|---------------------------------------|---------------------------------------|
| 1 | Name of the Candidate | | | | | | | | | |
| 2.a | Name of the Father | | | | | | | | | |
| 2.b | Name of the Mother | | | | | | | | | |
| 2.c | Name of the Husband/ Wife (if married) | | | | | | | | | |
| 3 | Gender (M/F/Others) | | | | | | | | | |
| 4 | Date of Birth | | | | | | | | | |
| 4.a | Age as on date is issue of notification | Years: | Months: | Days: | | | | | | |
| 5 | Social Status (Please Tick) | OC <input type="checkbox"/> | BC-A <input type="checkbox"/> | BC-B <input type="checkbox"/> | BC-C <input type="checkbox"/> | BC-D <input type="checkbox"/> | BC-E <input type="checkbox"/> | EWS <input type="checkbox"/> | SC <input type="checkbox"/> | ST <input type="checkbox"/> |
| 6 | Whether Physically handicapped (Please Tick) | YES/NO | | | | | | | | |
| 6.a | If please mention category (Please Tick) | VH / HH / OH | | | | | | | | |
| 7 | Whether Ex Service Men/Women | YES /NO | | | | | | | | |

DETAILS OF SCHOOL EDUCATION FOR LOCAL STATUS:-

| CLASS | YEAR OF PASSING | NAME OF THE STUDYING VILLAGE AND MANDAL | DISTRICT IN WHICH STUDIED |
|-------|-----------------|--|------------------------------|
| IV | | | |
| V | | | |
| VI | | | |
| VII | | | |
| VIII | | | |
| IX | | | |
| X | | | |

- STUDY CERTIFICATES FROM IVTH TO XTH SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON LOCAL.

EDUCATIONAL QUALIFICATIONS AND MARKS OBTAINED IN THE QUALIFYING EXAMINATION

| Qualifying Examination | Year of passing | Total Marks | Marks obtained | % of Marks Obtained |
|------------------------|-----------------|-------------|----------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

WORK EXPERIENCE DETAILS:-

| S.No | Name of the organization | Type of Organization (Govt., / Private / NGO) | Position held | Period of works (from...to...) |
|------|--------------------------|--|---------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Fee Particulars :

Amount Paid:

DD No:

DD Date:

Name of the Bank (Please Tick): SBI / UNION

ADDRESS PARTICULARS:

Name :

Father/Spouse Name :

House No :

Street :

Village/Town :

District :

Pin :

Cell No / Ph. No:

DECLARATION

I, Smt / Kum / Sri D/o / S/o

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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 a later date my candidature will be cancelled summarily

NAME AND SIGNATURE OF
THECANDIDATE

