

ANNEXURE-II
NATIONAL HEALTH MISSION EAST GODAVARI DISTRICT
RECRUITMENT NATIONAL HEALTH MISSION)-2025

APPLICATION FOR THE POST OF _____ **(ON CONTRACT BASIS)**

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

Notification No.02/2025. Application No(for office use 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: | | | | |
| 8) Whether belongs to physically handicapped: (Latest Certificate issued by the Medical board (SADAREM) only to be enclosed) | | | | |
| 9) If belongs to Ex-Service men, length of service in armed forces (Certificate to that effect to be enclosed) | | | | |
| 10) Details of Education qualifications from Class-IV to X Class | | | | 11) Local/Non Local |
| Sl.No | Class | Year of passing | Name of the School studied | District |
| 1 | 4 th Class | | | |
| 2 | 5 th Class | | | |
| 3 | 6 th Class | | | |
| 4 | 7 th Class | | | |
| 5 | 8 th Class | | | |
| 6 | 9 th Class | | | |
| 7 | 10 th Class | | | |

11. Marks Obtained in Qualifying Exam and Technical Qualifications

| Academic & Technical qualifications | Month & year of passing | Max. marks/Grade Points | Marks/Grade Points obtained | % Marks / Grade points |
|-------------------------------------|-------------------------|-------------------------|-----------------------------|------------------------|
| SSC/10 th Class | | | | |
| Intermediate | | | | |
| Technical Qualification: | | | | |

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 hereby 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

SIGNATURE OF THE CANDIDATE

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