APPLICATION FOR THE POST OF CIVIL ASSISTANT SURGEONS IN DIRECTOR OF PUBLIC HEALTH & FAMILY WELFARE, ANDHRA PRADESH: GOLLAPUDI :: VIJAYAWADA

Application No												Lat	est Passport size Photo
1	Name of th (in Capital	ne Applicant Letters)	Surname				Name						
2	Father's Na	ame											
3	Sex					Mal	e		Fema		ale	Trans Gender	
4	Date of Bir	th (DD-MM-YYYY)	D	D	M	М	Y	Y	Y	Y	_		
5	Age as on 01-07-2021		Years, Months, Days										
6	Religion												
7		School Education s must be enclosed)											
S1. No.	Class	Name of the School	& Place Year of Passing				Distric	t					
1	IV												
2	V												
3	VI												
4	VII												
5	VIII												
6	IX												
7	Х												

:: 2 ::
8. Details of Educational Qualification : (Attested copies to be enclosed)

Sl. No.	Educational Qualifications	Month and Year of Passing	Name of the College & University	Aggregate of marks obtained in all the years	Percentage of Marks
1	MBBS				

9. Registration details:

a.	Internship Period	From to	
b.	A.P. Medical Council Regd. No & Date		

10	Are you working on contract w	rith Govt. of A.P.	Yes	No
11	If Yes : Certificate in prescribe controlling officers concerned recruitment authority) to be en	i.e. DM&HO/DC		
1	1	1	D	

	recruitment authority) to be enclosed)				
10	Length of Contract Service	Years	Months	Days	
12					

Name of the institution	From	То	Tribal / Rural / Urban/ COVID-19

13 Address for communication

Address for communication along with PIN Code: (in capital letters)	
Name of the Candidate ::	÷
Fathers / Husband Name ::	:
House. No.	
Street ::	
Village/ Town / City :: Mandal :	
District PIN CODE	•
STATE	
MOBILE NO.	•
e-MAIL ID	

DECLARATION OF THE APPLICANT

I, Dr.______ S/o, D/o, W/o, ______ certify that the particulars given above are correct and true to the best of my knowledge and belief. 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 appointment will be cancelled summarily and I will be liable for punishments if any as per rules and law.

I, Dr.______ S/o, D/o, W/o, ______ will abide by the rules under which I may be appointed and regular service in any part of Andhra Pradesh if selected. I will join in the place where I am posted as per the requirement of the department within the stipulated time specified by the authorities failing which I forfeit my rights to be appointed in this recruitment.

Station:

Date :

SIGNATURE OF THE APPLICANT