

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

Application No
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Latest Passport size Photo
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1	Name of the Applicant (in Capital Letters)	Surname				Name			
2	Father's Name								
3	Sex	Male				Female		Trans Gender	
4	Date of Birth (DD-MM-YYYY)	D	D	M	M	Y	Y	Y	Y
5	Age as on 01-07-2021	Years, Months, Days							
6	Religion								
7	Details of School Education (Certificates must be enclosed)								
Sl. No.	Class	Name of the School & Place				Year of Passing		District	
1	IV								
2	V								
3	VI								
4	VII								
5	VIII								
6	IX								
7	X								



**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**