

GOVERNMENT OF ANDHRA PRADESH
HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT
OFFICE OF THE PRINCIPAL, KURNOOL MEDICAL COLLEGE, KURNOOL
(Notification No.01/Combined Recruitment/KNL/2023, dt. 21.11.2023)

APPLICATION FORM

(Combined Recruitment to various vacant posts in Health Institutions of erstwhile Kurnool District under the control of the Principal, Kurnool Medical College, Kurnool, Superintendent, Government General Hospital, Kurnool, Superintendent, Regional Eye Hospital, Kurnool, Principal, Govt. College of Nursing, Kurnool, Principal, Govt. Medical College, Nandyal, Superintendent, Govt. General Hospital, Nandyal, Principal, Govt. Medical College, Adoni, Superintendent, Govt. General Hospital, Adoni on Contract/Outsourcing basis)

Application for the Post of : _____	Affix Passport size latest colour photograph
Application No.(to be filled by the office) : _____	

1	Name of the Candidate	
2	Gender	
3	Father's Name	
4	Date of Birth (DD-MM-YYYY)	
5	Social Status (OC/OC-EWS/SC/ST/BC-A/B/C/D/E)	
6	Whether claiming for service weightage for Contract / Outsourcing service (Enclose contract/outsourcing service certificate along with Appointment Orders)	Yes / No
7	Whether Physically Handicapped (VH/HH/OH/MD) (SADAREM Certificate to be closed)	Yes / No
8	Whether claiming under Sports Quota (Enclose Certificate issued by the Sports Committee)	
9	Whether Ex-Servicemen (enclose Service Certificate)	Yes / No
10	Mobile Number of the applicant	
11	Demand Draft (DD) particulars	DD.No. Date: Amount:
12	<u>Address for communication:</u> 	
13	<u>Email Id :</u>	

Marks obtained in the requisite Academic / Professional / Technical qualification

Qualification	Maximum Marks	Marks obtained	Year of passing (Month & Year)	Whether registered in Respective Board/Council (Yes/No)

Details of Contract/Outsourcing/Honorarium service

Sl. No	Name of the Institution	Contract / Outsourcing	Urban / Rural / Tribal / Covid-19	Period of service		Total period YY-MM-DD	Service certificate enclosed (Yes/No)
				From	To		

Details of School studies from 4th Class to 10th Class (for local status)

Sl. No	Class	Year of passing	Name of the School	Town and District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

DECLARATION

I, Smt/Kum/Sri.....D/o or S/o or W/o do hereby declare that, above particulars furnished by me are true to the best of my knowledge. I agree that in the event of any of the details furnished above being found to be incorrect or false at a later date, my candidature will be forfeited summarily.

Signature of the applicant