

A.P VAIDYA VIDHANA PARISHAD:: ANANTHAPURAMU

**Application for the post of 'MEDICAL OFFICER' on contract basis to work at HDU of
Dist.,Hospital, Hindupur, Anantapuramu District (Notification No:01/2018)**

(Fill all the details in CAPITAL letters only. Use Blue/Black ink ball pen only)

1		Application Number	(to be filled by the office only)	Affix Passport size latest colour photograph
2		Name of the applicant		
4		Name of the Father/ Husband /Guardian		
5		a)Date of Birth (dd/mm/yyyy)	b)Age as on 01.07.2018:Yrs.....Mnts.....days	
6		Social Status (OC/BC/SC/ST)	Caste:	
7		a)Qualification	MBBS	
		b)Date of passing of Qualifying examination	MBBS:	
		c)Marks obtained /Maximum marks	(MBBS Final Year Part.I + Part.II):: / % =	
Details of Registration in A.P Medical Council.				
8		a)Registration Number & Date of Registration.	MBBS :	
		b)Validity of Registration Certificate up-to	MBBS:	
Details of School studies from Class-IV to Class-X (for local status)				
9	Class	Name of the School		District
	IV			
	V			
	VI			
	VII			
	VIII			
	IX			
X				
10		Address for communication and Mobile Number of the applicant		

Declaration

I do hereby declare that, the details given above are true to the best of my knowledge and belief.

Signature of the applicant

A.P VAIDYA VIDHANA PARISHAD:: ANANTHAPURAMU

Application for the post of 'STAFF NURSE' to work on contract basis at HDU of District Hospital, Hindupur, Anantapuramu Dist., (Notification No:01/2018)

(All the details to be filled in CAPITAL letters only. Use Blue/Black ink ball pen only)

1	Application Number	(to be filled by the office only)		Affix Passport size latest colour photograph	
	2	Name of the applicant			
	3	Whether belong to Physically Handicapped (If yes, provide category & percentage of disability)	(VH / HH / OH) Percentage: %		
	4	Name of the Father/ Husband /Guardian			
5	a)Date of Birth (dd/mm/yyyy)	b)Age as on 01.07.2018:Yrs.....Mnts.....days			
6	Social Status (OC/BC/SC/ST)		Caste:		
7	a)Qualification	GNM / BSc(Nursing)			
	b)Date of passing of GNM / BSc.(Nursing)				
	c)Marks obtained /Maximum marks		% =		
8	Details of Registration in A.P Nursing Council				
	a)Registration Number & Date of Registration.	Nurses:	Midwives:		
	b)Validity of Registration Certificate up-to	Nurses:	Midwives:		
9	Details of School studies from Class-IV to Class-X (for local status)				
	Class	Name of the School studied		District	
	IV				
	V				
	VI				
	VII				
	VIII				
IX					
X					
10	Address for communication and Mobile Number of the applicant				
11	Whether belongs to Ex-Servicemen		(If yes, certificate should be enclosed)		

Declaration

I do hereby declare that, the details given above are true to the best of my knowledge and belief.

Signature of the applicant