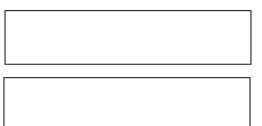
GOVERNMENT OF ANDHRA PRADESH

APPLICATION FOR THE POST OF _____ ON CONTRACT BASIS

UNDER NCD PROGRAMME IN VIZIANAGARAM DISTRICT

APPLICATION FORM

REGISTRATIN NO: (TO BE FILLED BY THE OFFICE)



POST FOR WHICH APPLICATION MADE

1	Name of the Candidate										
2a	Name of the Father										
2b	Name of the Mother							P	-		graph
2c	Name of Husband / wife (if married)									and s cross i	-
3	Sex										
4	Date of Birth and Age										
5	Social status (Please tick)		OC	BC A	BC B	BC C	BC D	BC E	SC	ST	
6	Whether Physically handicapped (Please tick)	Yes / NO									
6(a)	If yes please mention category (please tick)	HH / OH / VH									
7	Whether Ex-Service man / Women	Yes / No									

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

STUDY CERTIFICATES FROM IVth TO Xth SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON LOCAL

EDUCATIONAL QUALIFICATIONS:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY		

MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

Qualifying Examination	Total Marks	Marks Obtained	% of Marks obtained		

ADDRESS PARTICULARS:

Name	:
Father Name	:
Husband Name	:
House No.	:
Street	:
Village / Town	:
District	:
Pin	:
Mobile No. / Phone No.	:

DECLARATION

I, Smt / Sri / Kum D/o / S/o / W/o Certify that the above particulars furnished by me are correct to the best of my knowledge. 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 candidature will be cancelled summarily

Date:

Name and Signature of the Candidate